

# **CCDF Voucher Program Policy & Procedures Manual**

**Bureau of Child Care  
Division of Family Resources**

Effective 10/31/2007

# TABLE OF CONTENTS

## CCDF Policy and Procedure Manual

### STATE OF INDIANA Family and Social Service Administration Division of Family Resources

#### Page Description

#### **INTRODUCTION TO CCDF**

2	Introduction
2	Purpose of the Manual
2	CCDF Introduction
3	CCDF Goals and Purposes
4	Restriction of Funds
5	Planning Process
6	CCDF Child Care System

#### **GENERAL INFORMATION**

8	Definitions
21	Acronyms
24	Confidentiality
25	Communication

#### **DETERMINING PRELIMINARY ELIGIBILITY**

27	Entering & Maintaining a Waiting List
	Entering Families on the Waiting List
	Maintaining the Waiting List
	Notifying Waiting List Families of Available Funds
28	CCDF Priorities
	TANF IMPACT Families
	Other Families
30	TANF IMPACT Referrals
	Who Needs a Childcare Referral
	Who Does Not Need a Childcare Referral
	Rules For TANF IMPACT Childcare Referrals
	A Complete Childcare Referral Form Includes
	TANF IMPACT Referral Process For New Applicant

#### **APPLICATION PROCESS**

33	Initial Application (New Applicant)
	Applicant Interview
35	<b>Section A – Determining Eligibility/Completing an Application</b>
35	Household Size
35	Applicant (Box #1)
	Matching Applicant in Another County
	Physical Custody
	Minor Parent
	Temporary Changes in Custody
	Changes in Physical Custody
	Parents in the Military
	Foster Families

	Citizenship
	Verification of Applicant Identity
38	Address (Box #2)
	Residency
	Verification of Residency
	Applicants Choosing Care in Another County
	Applicants Who Move
	Applicants Who Move to Another County
	Matching Applicant in Another County
40	Single Parent (Box #3)
40	County of Residence (Box #4)
41	School District (Box #4b)
41	Telephone Number (Box #5)
42	<b>Section B – Family Members</b>
42	Household Names (Box #1)
	Head of Family
	Verification of Applicant Identity
	Other Adult Family Members
	Verification of Other Adult Family Member’s Identity
	Children as Family Members
	Age Requirements
	Children With Special Needs
	Verification of Identity for Child(ren)
44	Date of Birth (Box #2)
	Verification of a Minor’s Date of Birth
45	Citizen (Box #3)
45	Custodial Adult (Box #4)
45	Relationship to Applicant (Box #5)
46	Gender (Box #6)
46	Social Security Number/RID Number (Box #7)
46	Medicaid/Hoosier Healthwise (Box #8)
46	TANF (Box #9)
46	Ethnic Hispanic or Latino (Box #10)
47	Race (Box #11)
47	Adult Service Code (Box #12)
	Employment/Self-Employment
	Verification of Employment
	Verification of Self-Employment
	Training/Education
	Verification of Education/Training Service Need (TANF IMPACT Family)
	Verification of Education/Training Service Need (Non-TANF IMPACT Family)
	Educational Restrictions
	Both Employment and Training/Education
	Child Protective Services
	Other/New Job
	Verification of New Job
	Other/Job Search
	Verification of Job Search
	Other/Approved Leave
	Temporary Loss or Service Need (Education)
	Temporary Medical Condition of Parent/Guardian
	Temporary Change in Physical Custody
	Other/Incapacitated Parent
53	<b>Section C - Family Income</b>
53	Definitions

- 53 Name of Person Receiving Money (Box #1)
- 53 Monthly Gross Income for Eligibility (Box #2)
  - Wages/Employment
  - Wages or Salary (Complete 30 Days Income)
  - Wages or Salary (Incomplete 30 Days Income)
  - Wages From New Employment
  - Wages From Self-Employment (Non-Farm)
  - Wages From Self-Employment (Farm)
  - TANF
  - Other State Funding
  - Housing Voucher
  - Food Stamps
  - SSI or Other Federal Cash Program
  - Pensions and Annuities
  - Unemployment
  - Child Support
  - Other (Counted)
  - Other (Not Counted in Eligibility)
- 60 Income Source Codes (Box #3)
- 61 Section D - Education Level**
- 61 Name (Box #1)
- 61 Highest Grade Completed (Box #2)
- 61 Highest Degree Attained (Box #3)
- 61 Start Date (Box #4)
- 62 End Date (Box #5)
- 62 Receiving Preschool Services (Box #6)
- 63 Section E - Signature**
  - Signature of Applicant
  - Date (Month, Day, and Year)
  - TANF IMPACT Referral Date
  - Signature of Agency
  - Date (Month, Day, and Year)
  - Original Date of Application
  - Date Child Care Subsidy Begins
  - Date Child Care Subsidy Ends
  - Reasons for Shortened Subsidy End Dates
  - Job Search
  - TANF-IMPACT Clients
  - New Employment
  - Documenting New Employment
  - Incomplete Thirty (30) Days Income
  - Uncertain Circumstances
  - Name of Agency
  - Eligibility Determination Date
  - Re-Determination Date
- 67 Section F - Other Services Referred**
- 68 Section G - Care Giver (Child Care Provider) Information**
- 68 Name (Box #1)
  - Enrolling as a Provider
  - Ineligible Providers
  - Parents as a Child Care Provider
  - Parents Working in a Childcare Facility
- 70 Telephone (Box #2)
- 70 Social Security Number (Box #3)
- 70 Doing Business As (Box #4)

70	Address (Box #5)
	Providers with Multiple Locations
	Providers Who Move
71	City (Box #6)
71	Zip Code (Box #7)
71	County (Box #8)
72	Type of Care (Box #9)
	Accredited Providers
	Licensed Providers
	Legally License-Exempt Providers
	Unlicensed Registered Child Care Ministries
	Care Provided in a Child's Home by a Resident (Relative Care)
	Care Provided in a Child's Home by a Non-Resident (In-Home Care)
	Reimbursement for In-Home Care (Nanny Care)
75	Licensed/Registered (Box #10)
	Class I Home
	Class II Home
	Shift Care Information
76	Legally License-Exempt (Box #11)
76	Notes (Box #12)
77	<b>Section H - Child Care Needs/Expenses for Family</b>
77	General Information
77	Child's Name (Box #1)
77	Proof of Special Services (Box #2)
78	Additional Cost for Special Needs (Box #3)
79	Total Hours of Care (Box #4)
	Evening Work Schedules
	Employment
	New Employment
	Job Search
	Education/Training
	TANF IMPACT Client
	Foster Family
82	Service Need Hours/Days (Box #5)
	Full Time Care
	Non-School Age Children
	Full Day Kindergarten
	School-Age Children (School Year)
	School-Age Other Children (Summer & Non-Traditional)
	Personal Days
	Holidays
84	Charges (Box #6)
	In-Home or Nanny Care Reimbursement
	Increased Fees
	Other Costs
86	Market Rates (Box #7)
	How Rates are Determined
	Market Rate Categories
	Implementation of Market Rates
87	Over Rate (Overage) Charge (Box #8)
87	Family Co-Pay (Box #9)
87	Child Care Subsidy (Box #10)
88	Fund Source (Box #11)
88	Provider Signature and Date
89	Issuing a Hoosier Works for Child Care Card

## **MAINTAINING A CLIENT FILE**

- 91 Changes in Family Circumstances – Required to Report
- 94 Changes in Family Circumstances – Not Required to Report
- 95 Changing Child Care Providers
- 96 The Client File
  - 96 Requirements for a Complete File
- 97 Performance Standards
- 97 Monitoring and Audit

## **RE-DETERMINATION**

- 99 Re-Determination Process
  - Notification of Upcoming Re-Determination
  - Method for Re-Determination
  - Completing the 805 Application
  - Hoosier Works for Child Care Cards

## **HOOSIER WORKS FOR CHILD CARE CARDS**

- 102 Training
  - Selecting a PIN
  - Documenting Attendance
- 103 Lost, Stolen or Inoperable Hoosier Works Card
  - Secondary Card Holders
  - Authorized User
- 105 Restrictions of Hoosier Works Card Use
  - Personal Days
  - Use by a Person Other Than the Card Holder
  - Cards Found in a Provider's Possession
- 106 Documenting Attendance
  - Enrolling with the CRO
  - Parent/ Provider Responsibility
  - Failing to Use the POS Device
  - 60-Day Late Claims
- 108 Maintaining a Supply of Hoosier Works for Child Care Cards
  - General Information
  - Issuing and Tracking OTC Hoosier Works Cards
  - Inventory Control
  - Card Issuance
  - Ordering OTC Cards
  - OTC Card Ordering Process
  - Verifying Your Shipment
  - Issuing HW Cards
  - Guidelines
  - Returning HW Cards
  - Forms and Inventory

## **PROVIDER ELIGIBILITY STANDARDS**

- 115 General Information
  - CCDF Provider Eligibility Standards
- 117 Non-Compliance with CCDF Provider Eligibility Standards
- 119 Rescinding CCDF Provider Eligibility Standards – Revocations Orders
  - General Information
- 119 Reinstating a Provider

## **ADVERSE ACTION APPLICANT & PROVIDER**

- 121 Denial of Applicant Application
  - Denial of Application

- 121 Termination of Application
  - Applicant Notification of Termination
  - Payment of Child Care Services
- 123 Applicant Appeal Process
  - Limitations of Appeal
- 125 Adverse Action Against a Provider – Other Than CCDF Provider Eligibility Standards
  - General Information
  - Suspending a Provider
  - Terminating a Provider
    - CCDF Provider Eligibility Standards
    - Other Reasons for Termination
- 127 Provider Appeal of Adverse Action – Other than CCDF Provider Eligibility Standards
  - Limitations of Appeal

### **CONTRACT CENTER COMPONENT**

- 129 Providing Services to CCDF Families – Participating through a Contract Center
  - Memorandum of Understanding
  - General Principles
- 130 CCDF Contract Center Client's
  - Client Initial Application
  - Client Re-Determination
  - Notification of Upcoming Re-Determination
  - Method of Re-Determination
  - Maintaining a Client File
  - Maintaining a Waiting (Contact) List

### **PROGRAM ABUSE & FRAUD**

- 133 Program Abuse Policies and Procedures
  - Intake Agent Role
- 134 Procedures for Repayment Agreements
  - Applicant is Present
  - Applicant is Not Present
- 136 Procedures for Reporting Suspected Program Abuse
  - Fraud Determination of Less Than \$2,500
  - Fraud Determination of \$2,500 or More

### **TECHNICAL COMPONENT**

- 138 Software Access
  - Data Quality Assurance Responsibilities
  - Monitoring for Invalid Vouchers
  - Monitoring Process for Ineligible Families
- 140 Client Software Minimum Requirements
  - Recommended Software
  - Client Hardware
    - Internet
    - Printer
- 142 Data Errors – Contract Center
  - Procedures
- 144 Data Errors – Intake Vouchers
  - Procedures

## **SAMPLE FORMS AND LETTERS**

### **805 Forms**

- CCDF County Child Care Subsidy Pre-Application
- 805 Instructions
- 805 Form
- Provider Information Page
- Parent/Applicant Worksheet
- CCDF Parent Statement/Rights and Obligations
- Hoosier Works for Child Care Authorization – Primary & Secondary Card Holders
- Hoosier Works for Child Care Card Authorization – Authorized User
- CCDF Name Attestation
- Statement of Profit and Loss – Self Employment Form
- Job Search Documentation
- Determining Child Care Need
- CCDF Data Change Request Form

### **Parent Notification Letters**

- Letter for Parent Notification of De-Certified Provider
- Parent/Applicant Non-Compliance Letter

### **TANF IMPACT Referral Form**

- DFR/CCD Referral
- CCDF/DFR Correspondence Notice

### **Repayment Forms**

- Repayment Agreement
- CCDF Non-Compliance Documentation Form
- Program Non-Compliance Documentation Form
- CCDF Repayment Agreement for Overpayment

### **Sample Provider Notification Letters**

- Provider Notice of Order (NOO) Letter
- Order to Rescind Letter - Gap
- Order to Rescind – No Gap

### **Hoosier Works for Child Care Inventory Forms**

- Bulk Hoosier Works OTC Card Inventory Form
- Hoosier Works Child Care Daily Log for Card Issuance
- Daily Hoosier Works Card Inventory Reconciliation Form
- Returned Hoosier Works for Child Care Log
- Vault Card Replenishment Order Form



# **INTRODUCTION TO CCDF**

# **CHILD CARE AND DEVELOPMENT FUND (CCDF) POLICY AND PROCEDURE MANUAL**

## **INTRODUCTION**

### **PURPOSE OF THIS MANUAL**

The purpose of this manual is to provide CCDF Intake Agents with policies, procedures and guidelines to follow as they facilitate intake and eligibility services to prospective CCDF families. Business rules were developed to ensure program policies and guidelines are followed in a consistent manner.

### **CCDF INTRODUCTION**

The Child Care and Development Fund (CCDF) was authorized by Congress through the U. S. Department of Health and Human Services, by amending the Child Care and Development Block Grant regulations at 45 CFR Part 98. Section 103 (c) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) repealed the child care programs authorized under Title IV-A of the Social Security Act – Aid to Families with Dependent Children (AFDC) Child Care, Transitional Child Care, and At-Risk Child Care. In addition, PRWORA amended Section 418 of the Social Security Act to provide new federal child care funds and to transfer them to a “Lead Agency” under the amended Child Care and Development Block Grant Act.

In Indiana, the lead agency for the CCDF funding is the Family and Social Services Administration (FSSA), Division of Family Resources (DFR).

The DFR develops and implements policies and procedures for the administration of the grant funds. The CCDF State Plan outlines parameters for both local and state levels and includes program outcomes, systems development, and eligibility requirements.

## CCDF GOALS AND PURPOSES

CCDF direct service dollars are to provide financial assistance to eligible TANF and low-income families in need of child care. Parents can choose from available licensed or legally license-exempt child care. Types of care might include: center-based care, school-age care, in-home care, relative care, and sectarian child care. All child care providers must meet applicable state and local requirements including CCDF Provider Eligibility Standards.

Section 98.1 of the CCDF Final Rules outlines the goals and purposes of the fund, as follows:

### THE GOALS ARE TO:

- ❖ allow the state maximum flexibility in developing child care programs and policies to best suit the needs of the children and parents within the state;
- ❖ promote parental choice to empower working parents to make their own decisions on the child care that best suits their family's needs;
- ❖ provide consumer education information to assist parents in making informed child care choices;
- ❖ assist parents with child care who are trying to achieve independence from public assistance; and
- ❖ assist in implementing the health, safety, licensing, and registration standards established by state regulations.

### THE PURPOSES ARE TO:

- ❖ increase the availability, affordability, and quality of child care services;
- ❖ provide low income families with the financial resources to locate and afford quality child care for their children;
- ❖ enhance the quality and increase the supply of child care for all families, including those who receive no direct assistance under the CCDF;
- ❖ provide parents with a range of options in addressing their child care needs;
- ❖ strengthen the role of the family;
- ❖ improve the quality of, and coordination among, child care programs and early childhood development programs; and
- ❖ increase the availability of early childhood development and before- and after-school-age care.

## **RESTRICTION OF FUNDS**

**CCDF Direct Service Funds** cannot be used for:

1. The non-federal share (match) for other Federal grant programs;
2. The purchase or improvement of land, or for the purchase, construction, or permanent improvement of any building or facility;
3. Grants or contracts reimbursement for any sectarian purpose or activity, including sectarian worship or instruction;
4. Supplementing program support;
5. Supplementing quality initiatives; and
6. *Tuition*. Funds may not be expended for students enrolled in grades one through twelve for:
  - a) Any service provided to such students during the regular school day;
  - b) Any service for which such students receive academic credit toward graduation; or
  - c) Any instructional services that supplant or duplicate the academic program of any public or private school.

## PLANNING PROCESS

Coordination must be demonstrated at the local level before a county may receive CCDF funding. Local coordination may include the Local Office of the Division of Family Resources (DFR), child care providers, public schools, Head Start, Early Head Start, Healthy Families, other early intervention programs for infants and toddlers, county health departments, WIC programs, maternal and child health programs, and mental health centers. To ensure coordination and communication, the Intake must enter into a Memorandum of Understanding with the following groups:

1. The Local DFR for each county receiving services within a region describing ongoing communication procedures, referral procedures for Temporary Assistance to Needy Families (TANF) eligible clients or TANF clients transitioning from public assistance and other locally identified roles; and
2. The CCRR for each county receiving services within a region describing services offered to: families seeking providers, providers seeking consumer and educational materials and opportunities, and providers seeking CCDF Provider Eligibility certification; and
3. There may be a need for additional MOU's between the Intake Agent and other service providers.

These MOU's are to be updated when community partners change. The original MOU should be kept locally with a copy sent to the county CCDF Policy Consultant at the BCC.

The state contracts the administration of CCDF eligibility to a local Intake Agent. Selection of the Intake Agent encompasses a public RFF process. The selected Intake Agency is supported through Web-Based Eligibility Software which operates according to CCDF policy and procedures.

## CCDF CHILD CARE SYSTEM

### U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

*Issues federal regulations and collects data*

### INDIANA FAMILY AND SOCIAL SERVICE ADMINISTRATION

*Lead agency for CCDF administration*

### DIVISION OF FAMILY RESOURCES

*Issues program policies, procedures, parameters, monitors contracts, and collects data.  
Develops and evaluates the CCDF State Plan and is accountable for administration of funds.*

### CENTRAL REIMBURSEMENT OFFICE (CRO)

*Administers funds according to state and federal guidelines  
Pays provider claims*

### CCDF COUNTY PARTNERS

#### CCRR

*Assists parents in finding childcare, recruits and trains childcare providers.*

#### INTAKE AGENT

*Contracts with State to enroll families in accordance with state and federal regulations*

#### LOCAL DFR

*Directs TANF referrals to Intake Agent, participates in the evaluation of county services*

#### PROVIDER ELIGIBILITY SPECIALIST

*Assists, inspects, and certifies legally-license exempt childcare providers as CCDF eligible*

### FAMILIES

*Low-income families are assisted with childcare expenses, benefits from services such as Child Care Resource and Referral (CCRR), and education opportunities*

### PROVIDERS

*Legally operating and certified to meet minimum health and safety standards  
Provide quality childcare to families*

# **GENERAL INFORMATION**

## DEFINITIONS

### **805**

A term used to describe an application for CCDF services.

### **ACCREDITATION**

A voluntary system which evaluates childcare programs against specific criteria in areas of curriculum, health and safety, parent communication, and staff qualifications which has been validated by a nationally recognized early childhood organization or institution.

### **ADULT**

An individual who is age 18 or older.

### **ADVERSE ACTION**

An action toward a recipient that includes denial and/or termination of services, increased fees, or a reduction in services. Clients and providers must be notified at least ten (10) calendar days before an adverse action can be imposed.

### **AGE CATEGORY**

A category by age; infants (0-11 months), toddlers (12-35 months), three years through five years, kindergarten, and school-age.

### **ANNUAL CORPORATE REPORT**

The forms which must be filed annually with the Secretary of State to maintain the authority to do business as a corporation in Indiana. Foreign Corps-Forms 119 (based outside of Indiana) Domestic Corps: For Profit- Form 120, Not-for Profit- Form 121.

### **APPEAL**

The right to request a hearing or administrative review as a result of an adverse action.

### **APPLICANT**

A person who is applying for services on behalf of the child(ren) for which they have physical custody. The applicant must be a person related to the eligible child by blood or law, or is a person standing *in loco parentis* (in the place of a parent). The applicant must be age 18 or over unless the applicant is married, an emancipated minor, or a minor parent.

### **APPROVED LEAVE**

An approved temporary lapse in service need, which does not exceed twelve (12) weeks, during which child care is not needed yet eligibility is maintained. I.E. family medical leave, maternity leave, temporary changes in formal custody, a break in school of less than four (4) weeks, or (12) weeks for a returning junior or senior high school student.

### **ATTENDANCE**

The total number of children present at any one time at the child care setting.



**ATTENDING TRAINING/EDUCATIONAL PROGRAM**

One is "attending" job training or an educational program when participation occurs inside or outside of the home through an accredited or certified post-secondary training organization or institution. One may also be "attending" an educational program when participation occurs outside of the home through an accredited or certified secondary training organization or institution.

**CAREGIVER**

An individual, 18 years of age or over, who is responsible for the direct care, protection, and supervision of children in the absence of the custodial adult.

**CAREGIVER REIMBURSEMENT**

Sometimes termed provider reimbursement, which is made by the Central Reimbursement Office (CRO) to the childcare provider for services rendered or the parent in the case of "In Home Care". This reimbursement will be made no less than twice per month. The caregiver is to follow the claims schedule provided in their enrollment packet.

**CATEGORIES OF CARE**

Types of childcare settings such as center-based, childcare home, and in-home care.

**CENTER-BASED CHILDCARE**

A provider licensed to provide childcare services where at least one child is cared for in a nonresidential structure.

**CENTRAL REIMBURSEMENT OFFICE (CRO)**

An entity which validates and processes claims from childcare providers.

**CERTIFIED PROVIDER**

A provider, either licensed or exempt from being licensed by law, who has met all applicable CCDF Provider Eligibility Standards and has completed the application process. This includes: licensed centers, facilities and homes; unlicensed registered day care ministries; legally license-exempt childcare facilities and homes; relative care (grandparent, great-grandparent, aunt, and/or uncle of the eligible child); and in home care.

**CHARGE CATEGORY**

The method used to apply fees: hourly, daily, or full-time weekly.

**CHECK-IN / CHECK –OUT**

The term to describe the process of electronically documenting a child's attendance through the use of a Point of Service (POS) device.

**CHILD**

An individual who is under the age of 18.

## **CHILD WITH SPECIAL NEEDS**

A child who is enrolled in one or more of the following programs:

- Children with Special Health Care Services;
- First Steps Early Intervention System;
- Public School Special Education;
- Supplemental Security Income (SSI); or
- Child who attends Head Start and has been professionally diagnosed with a disability

## **CHILD CARE DEVELOPMENT FUND (CCDF)**

The CCDF program was authorized by Congress through the U. S. Department of Health and Human Services to amend the Child Care and Development Block Grant. The purpose of the CCDF program is to have one single, integrated childcare funding system to assist low-income families through subsidized childcare and to increase the availability and quality of childcare services.

## **CHILD DEVELOPMENT ASSOCIATE CREDENTIAL (CDA)**

A competency-based certification for individual childcare providers awarded through the Council of Early Childhood Professional Recognition.

## **CITIZEN**

A person who is a citizen of the United States or a qualified alien.

## **CLIENT**

A recipient of services.

## **COUNCIL ON ACCREDITATION**

A voluntary, nationally recognized accreditation system for early childhood centers. It is authorized and validated by the National Early Childhood Program Accreditation Commission.

## **CONTRACT**

A legal document which may exist between the State of Indiana and the Intake Agent/grantee or between the State of Indiana and a certain number of contracted child care centers. The document describes the service to be purchased, the term, the reimbursement rate, and the conditions of service delivery. Also known as the "agreement".

## **CO-PAY**

A family's fee for childcare calculated using the Division of Family Resources' Child Care Income Eligibility Determination and Sliding Fee Schedule.

## **COUNTY MARKET RATE**

The maximum CCDF reimbursement rate established in each county for each childcare charge category by age and provider type.

**CURRENT**

Within the last thirty (30) days unless otherwise stated.

**CUSTODY**

Providing care and supervision of a minor either through formal agreement, i.e. divorce decree, guardianship, foster placement or informal agreement i.e. biological parent declaration or the declaration of the individual serving as parent (in loco parentis).

**DAILY CARE**

A daily unit of care is defined as four (4) hours or more for non-school age and school-age other care and three (3) hours of more for school-age children during the school year.

**DATE OF APPLICATION**

The date the 805 application or parent worksheet (re-determination or updates only) has been signed and dated by the applicant.

**DECLARATION**

A method of identifying family's gross monthly income which does not require verification.

**DEVELOPMENTALLY APPROPRIATE**

Developmentally appropriate has two dimensions: age appropriateness and individual appropriateness. Programs must incorporate activities that acknowledge typical development of children within their age span and also address each child's uniqueness as a person who has an individual personality, learning style, and background.

**DIRECT SERVICES**

CCDF funding component that is issued as vouchers for child care services or contracted with certain childcare center providers for childcare services.

**DOCUMENTED ATTENDANCE**

Childcare attendance which has been recorded with date and time of arrival and departure and has been verified by the parent by signature or electronic PIN.

**ELIGIBILITY DETERMINATION**

The procedure required to determine an individual or family meets the criteria for receiving services. Determination is based on the need for a service, residency in Indiana and variables of family size and income.

**EMANCIPATED MINOR**

A married minor or a minor residing apart from parents and financially independent with parental consent, or affirmed by legal action.

**ENROLLMENT YEAR**

A period of twelve (12) consecutive months for which a child is enrolled without a lapse of more than ninety (90) days.

**ESCROW FUNDS**

Accumulated CCDF funds to allow the addition of a child(ren) to the CCDF program.

**FAMILY**

One or more adults and children related by blood or law, or other person standing in loco parentis, residing in the same household. Where adults over the age of 18 (other than spouses or biological parents of the child needing services) reside together, each is considered a separate family. Wards of the Local Office of the Department of Child Services (DCS), foster children on Title IV-E, are the legal responsibility of DCS and not the family with which the child has been placed. Note: A marriage between persons of the same gender is void in Indiana even if the marriage is lawful in the place where it is solemnized. (IC 31-11-1-1(b)), however, persons of the same gender may become foster or adoptive parents of a child and both are considered applicants.

**FAMILY CHILDCARE HOME PROVIDER**

An individual who provides childcare services in a residential structure other than the child's residence.

**FEDERAL POVERTY LEVEL**

Guidelines issued by Health and Human Services by the number in the family unit and income level to determine whether a person or family is financially eligible for assistance or services under a particular Federal program. These guidelines are based on poverty thresholds used by the Bureau of Census to prepare its statistical estimates of the number of persons and families in poverty. The poverty guidelines are adjusted each year to account for the last calendar year's increase in prices as measured by the Consumer Price Index.

**FOSTER PARENT**

An individual who provides care and supervision as a substitute family on a 24-hour basis to a child who is deemed a ward of the local Office of the Department of Child Services. A foster parent, with the appropriate documentation, may be considered a valid applicant for enrollment of the foster child to the CCDF program. When foster parents are of the same gender, both are considered applicants.

**FOSTER CARE PER DIEM**

The daily maintenance payment to a foster parent for the care of a child who is deemed a ward of the local Office of Department of Child Services.

**FULL-TIME WEEKLY**

Care provided for 25 hours or more per week, Sunday through Saturday, for non-school age children or for school age children when school is not in session, or when care is required during non-traditional hours. For school-age children when school is in session, full-time weekly care is defined as 15 hours or more per week, Sunday through Saturday.

**GRANTEE**

A legal entity who has entered into a contractual agreement with the Indiana Family and Social Services Administration.

**GROSS FAMILY INCOME**

Total income from all countable sources prior to taxes and deductions.

**HOME SCHOOLING**

Schooling provided for children eligible to receive public education in the child's home or other facility not recognized by the Department of Education.

**HOOSIER WORKS FOR CHILD CARE CARD**

A card with a magnetic strip used to electronically document a child's attendance at a childcare facility. This card is issued by the Intake Office when a family is determined eligible to receive CCDF benefits.

**INCAPACITATED PARENT**

A parent who has a medical condition that prevents him/her from working or attending an educational or training program, *and who is unable to care for children as verified by a doctor's statement.*

**INCOME ELIGIBLE**

Applicants who are financially eligible for services. Income eligibility is based on the current poverty level for a specific family size.

**INFANT/TODDLER PROGRAM**

Center or home-based care for newborn through 36-month-old children.

**IN-HOME CHILD CARE**

Childcare services provided by an individual who comes into the child's own home and does not reside at the child's address also known as nanny care.

**INTAKE AGENT**

An entity which is, by contract, obligated to perform CCDF intake and eligibility functions according to state guidelines. These functions include, but are not limited to: verifying service need, verifying financial need, accurately enrolling a child with a certified provider according to the family's needs, performing re-certifications as needed, and reporting suspected fraud.

**JOB TRAINING/EDUCATIONAL PROGRAMS**

A formal progression of activities designed to lead to specifically defined educational goals or readiness for a specific field of employment and provided by an institution licensed or accredited by the state for this purpose.

**LEGAL GUARDIAN**

A person appointed by a court to have the care and custody of a child or the child's estate, or both.

**LEGALLY LICENSE-EXEMPT FACILITY**

The following are exempt from licensure per IC 12-17-.2-2-8.

1. A program for children enrolled in grade kindergarten through 12 that is operated by the Department of Education or a public or private school.

2. A program for children who become at least three years of age as of December 1 of a particular school year (as defined in IC 20-10.1-2-1) that is operated by the Department of Education or a public or private school.
3. A nonresidential program for a child that provides child care for less than four hours a day.
4. A recreation program for children that operates for not more than 90 days in a calendar year.
5. A program whose primary purpose is to provide social, recreational, or religious activities for school age children, such as scouting, boys club, girls club, sports, or the arts.
6. A program operated to serve migrant children that:
  - a) provides services for children from migrant worker families; and
  - b) is operated during a single period of less than 120 consecutive days during a calendar year.
7. A child care ministry registered under IC 12-17.2-6.
8. A child care program operated by a public or private secondary school that:
9. Provides day care on the school premises for children of a student or an employee of the school;
  - a) complies with health, safety, and sanitation standards as determined by the division under IC 12-17.2-2-4 for child care centers or in accordance with a variance or waiver of a rule governing child care centers approved by the division, under IC 12-17.2-2-10; and
  - b) substantially complies with the fire and life safety rules as determined by the state fire marshal under rules adopted by the division under IC 12-17.2-2-4 for child care centers or in accordance with a variance or waiver of a rule governing child care centers approved by the division under IC 12-17.2-2-10.

#### **LEGALLY LICENSE-EXEMPT PROVIDER**

1. A program for children enrolled in grade kindergarten through 12 that is operated by the Department of Education or a public or private school.
2. A program for children who become at least three years of age as of December 1 of a particular school year (as defined in IC 20-10.1-2-1) that is operated by the Department of Education or a public or private school.
3. A nonresidential program for a child that provides child care for less than four hours a day.

4. A recreation program for children that operate for not more than 90 days in a calendar year.
5. A program whose primary purpose is to provide social, recreational, or religious activities for school age children, such as scouting, boys club, girls club, sports, or the arts.
6. A program operated to serve migrant children that:
  - a) provides services for children from migrant worker families; and
  - b) is operated during a single period of less than 120 consecutive days during a calendar year.
7. A child care ministry registered under IC 12-17.2-6
8. A child care program operated by a public or private secondary school that:
  - a) provides day care on the school premises for children of a student or an employee of the school;
  - b) complies with health, safety, and sanitation standards as determined by the division under IC 12-17.2-2-4 for child care centers or in accordance with a variance or waiver of a rule governing child care centers approved by the division, under IC 12-17.2-2-10; and
  - c) substantially complies with the fire and life safety rules as determined by the state fire marshal under rules adopted by the division under IC 12-17.2-2-4 for child care centers or in accordance with a variance or waiver of a rule governing child care centers approved by the division under IC 12-17.2-2-10.
9. A child care home if the provider:
  - a) does not receive regular compensation:
  - b) cares only for children who are related to the provider
  - c) cares for less than six children, not including children for whom the provider is a parent, step-parent, guardian, custodian, or other relative; or
  - d) operates to serve migrant children.

Related for purposes of IC 12-17.2 and IC 12-17.4 means any of the following relationships to an individual who is less than 18 years of age by marriage, blood, or adoption:

- |                     |                 |
|---------------------|-----------------|
| 1. Parent           | 7. Step-brother |
| 2. Grandparent      | 8. Step-sister  |
| 3. Brother          | 9. First cousin |
| 4. Sister           | 10. Uncle       |
| 5. Stepparent       | 11. Aunt        |
| 6. Step-grandparent |                 |

**LICENSED PROVIDER**

A provider that meets the legal requirements of the state to provide childcare services and has been issued a license by the Division of Family Resources to operate a childcare facility or home.

**MEDICALLY FRAGILE CHILD**

A child characterized by the use of a particular medical device which compensates for the loss of the use of a body function and who requires substantial and complex daily care to avert death or further disability.

**MEMORANDUM OF UNDERSTANDING (MOU)**

A written agreement between two or more parties which defines the roles and responsibilities of all parties.

**MINOR PARENT**

A parent who is under the age of 18.

**NAEYC ACCREDITATION**

A voluntary, nationally recognized accreditation system for all types of early childhood centers and schools. It is authorized and validated by the National Academy of Early Childhood Programs, a division of the National Association for the Education of Young Children (NAEYC).

**NAFCC ACCREDITATION**

A voluntary, nationally recognized accreditation system for family childcare homes. It is authorized and validated by the National Association of Family Child Care (NAFCC).

**NANNY CARE**

Also known as "In Home Care" are childcare services provided by an individual, over 18 years of age, who comes into the child's own home and does not reside at the child's address.

**NECPAC ACCREDITATION**

A voluntary, nationally recognized accreditation system for early childhood centers. It is authorized and validated by the National Early Childhood Program Accreditation Commission.

**NEW APPLICANT**

An individual applying for services who has not participated in the CCDF program for the previous ninety (90) days.

**NON-TRADITIONAL CARE**

Care provided outside Monday through Friday, 6:00 a.m. to 6:00 p.m., and sick child care.



**PARENT**

A person related to the eligible child by blood, marriage, or adoption and including a legal guardian or other person standing *in loco parentis* (in the place of a parent).

**PERSONAL/ABSENT DAYS**

Twenty (20) days a family may use for a child's absence per enrollment year. Personal/absent days are provided to children who are enrolled on a full-time weekly basis. These days may be used at the parent's discretion for days when the provider was open for business, and the child was scheduled to attend, but did not attend any part of the day.

**PENDING PROVIDER**

A provider assignment used to obligate funding without payment.

**PIN NUMBER**

A four-digit number, chosen by a parent, to serve in place of their signature when documenting attendance electronically.

**POINT OF SERVICE (POS) DEVICE**

A machine issued to an eligible provider which is used to electronically document the child(ren)'s attendance at the facility and generate reports.

**PREVIOUS CHECK-IN/CHECK-OUT**

The term to describe the process of documenting a child's attendance through the use of a Point of Service (POS) device for a prior day.

**PROTECTIVE SERVICES**

Services provided by an established agency or organization to protect children or persons at risk of abuse/neglect or exploitation. May also be referred to as CPS (Child Protective Services). Income eligibility and fee requirements may be waived.

**QUALIFIED ALIEN**

An alien who is lawfully admitted for permanent residence under the Immigration and Nationality Act; an alien granted asylum under this Act; a refugee admitted under this Act; an alien who is paroled into the U.S. for a period of a year; an alien whose deportation is being withheld under the Act; and/or an alien granted conditional entry pursuant to the Act. Documentation must state permanent resident or resident alien.

**RACE**

A major division of human beings, whose members are regarded as having a common ancestry and similar physical traits.

**RE-DETERMINATION**

The process required to determine if an individual or family still meets criteria for receiving services. This process may be done no earlier than thirty (30) days before the applicant's subsidy end date and may not be done after. The Intake Agent may complete

this through face-to-face interview, mail, or other acceptable means.

### **RATIOS (CHILD/STAFF)**

The maximum number of children permitted per direct childcare provider in accordance with state regulations.

### **RESIDENT**

A person who lives in the county in Indiana where they are applying or receiving assistance. This can include a person temporarily residing in a domestic or homeless shelter. Also included are legal (qualified) aliens or students with visas. There is no minimum length of time a client must reside in Indiana.

### **RELATIVE CARE**

An individual provider who resides in the child's home and is a grandparent, great-grandparent, aunt or uncle of the eligible child. Reimbursement may only be made in these situations.

### **SCHOOL-AGE CARE**

Before - and/or after – school care services for children ages five to thirteen. Sites can include childcare centers, childcare homes, in-home care, community centers, schools, and churches.

### **SHIFT CARE**

A provider may decide to offer childcare services during several shifts of a 24-hour day. However, CCDF children are to be assigned, according to their service needs, to one of two 12-hour shifts (6pm to 6am or 6am to 6pm). The provider may not enroll more than their licensed capacity during either 12-hour shift. A child who needs care that would overlap during these shifts shall be assigned to **both** shifts.

### **SINGLE PARENT**

A single parent is a parent who is raising a child in a household where the child's other biological parent or step-parent is not in residence.

### **SUBGRANTEE**

A provider of services who contracts with the Family and Social Service Administration's grantee. A subgrantee must meet the same eligibility criteria as the primary grantee and adhere to all FSSA policies and procedures.

### **SUBSIDY BEGIN DATE**

The date the family is eligible to begin receiving CCDF services. The subsidy begin date may not be more than two weeks prior to the application date for TANF and TANF Impact clients only. Non-TANF Impact clients, the subsidy begin date must occur the week of application or the week following.

**SUBSIDY END DATE**

The date CCDF services will end, unless the family completes the recertification process according to established guidelines. Typically, the subsidy end date is six months after the subsidy begin date.

**SUBSTANTIATED**

A determination regarding the status of a child abuse/neglect report whenever facts obtained during an investigation of the report provide credible evidence child abuse or neglect has occurred.

**TEMPORARY MEDICAL CONDITION: (TMC)**

A condition which would not be considered permanent by a physician, medical practitioner, or Social Security administration and will limit the person's ability to work, attend school, seek employment or may be unable to care for their children. Temporary is defined as lasting less than twelve (12) weeks. A written Temporary Medical Condition statement must be provided by a medical practitioner, and provide estimated end date of the condition. Examples of TMC are: post surgery conditions, pregnancy situations, accident related conditions, and mental health related conditions.

**UNLICENSED REGISTERED CHILD CARE MINISTRIES**

Childcare services provided by a religious organization which is exempt from state licensing, but must meet the minimum requirements of sanitation, fire prevention, and building safety pursuant to IC12-3-2-12.7(c).

**UPDATE**

The process by which an intake agent completes a periodic review of an applicant's information and documents changes to the application.

**VOLUNTEER CAREGIVER**

An individual who provides or participates in the childcare of a specific child with or without compensation.

**VOUCHER**

A document which authorizes reimbursement of childcare services for a specific child, including: provider, begin date, end date, and dollar amount. Multiple vouchers within the subsidy begin and subsidy end date may be created to facilitate flexibility and family choice.

**VOUCHER BEGIN DATE**

The date a voucher is considered valid for provider reimbursement. The first voucher begin date *must always* be the same as the subsidy begin date unless the parent has been placed on "approved leave".

**VOUCHER END DATE**

The date a voucher is no longer considered valid for provider reimbursement.

**WAITING LIST**

A list of children from families who preliminarily meet financial eligibility and declare a service need for CCDF, but for whom there are no available CCDF funds.

**WEEK**

Defined as Sunday through Saturday.

**WORKING**

A person receiving wages or salary for performing services for another person or organization or receiving compensation for a service or product, then the person is said to be a working person.

## ACRONYMS

<b>ABE</b>	Adult Basic Education
<b>ADA</b>	Americans with Disabilities Act
<b>AIS</b>	Automated Intake System (childcare)
<b>AG</b>	Attorney General
<b>BCC</b>	Bureau of Child Care
<b>BOI</b>	Bureau of Investigations
<b>CA/N</b>	Child Abuse / Neglect
<b>CAA</b>	Community Action Agency
<b>CAP</b>	Community Action Program
<b>CCDF</b>	Child Care and Development Fund
<b>CCRR</b>	Child Care Resource and Referral
<b>CDA</b>	Child Development Associate
<b>CHINS</b>	Child In Need of Services
<b>COA</b>	Council on Accreditation
<b>CPS</b>	Child Protective Services
<b>CRO</b>	Central Reimbursement Office
<b>DCS</b>	Department of Child Services
<b>DFR</b>	Division of Family Resources
<b>DOA</b>	Department of Administration
<b>DOE</b>	Department of Education
<b>DS</b>	Direct Service
<b>EC</b>	Early Childhood
<b>EI</b>	Early Intervention
<b>ESL</b>	English as a Second Language
<b>FC</b>	Foster Care
<b>FMLA</b>	Family Medical Leave Act
<b>FPL</b>	Federal Poverty Level
<b>FS</b>	First Steps
<b>FSSA</b>	Family and Social Services Administration

<b>GED</b>	General Equivalency Diploma
<b>HHS</b>	Health and Human Services
<b>HW</b>	Hoosier Works
<b>IACCRR</b>	Indiana Association of Child Care Resource and Referral
<b>IAEYC</b>	Indiana Association for the Education of Young Children
<b>IASACC</b>	Indiana Association of School Age Child Care
<b>IC</b>	Indiana Code
<b>ICES</b>	Indiana Client Eligibility System (Food stamps, Medicaid, TANF)
<b>IEP</b>	Individual Education Plan
<b>ILCCA</b>	Indiana Licensed Child Care Association
<b>IMPACT</b>	Indiana Manpower Placement and Comprehensive Training
<b>IPIN</b>	Indiana Parent Information Network
<b>IRS</b>	Internal Revenue Service
<b>ISETS</b>	Indiana Support Enforcement Tracking System (Child support)
<b>LLEP</b>	Legally License-Exempt Provider
<b>MOU</b>	Memorandum of Understanding
<b>NAA</b>	National After-school Accreditation
<b>NAEYC</b>	National Association for the Education of Young Children
<b>NAFCC</b>	National Association of Family Child Care
<b>NECPA</b>	National Early Childhood Program Accreditation
<b>OCP</b>	Office of Community Planning
<b>OTC</b>	Over the Counter (referring to Hoosier Works Card issuing)
<b>PES</b>	Provider Eligibility Standards
<b>POA</b>	Plan of Action
<b>POS</b>	Point of Service
<b>PRWORA</b>	Personal Responsibility and Work Opportunity Reconciliation Act of 1996
<b>QRS</b>	Quality Rating System
<b>RFF</b>	Request for Funds
<b>RFP</b>	Request for Proposal
<b>RID</b>	Recipient Identification Number

<b>SAC</b>	School Age Care (formerly School Age Child Care - SACC)
<b>SCM</b>	State Case Manager
<b>SCR</b>	State Central Registry
<b>SEC</b>	State Eligibility Consultant
<b>SSA</b>	Social Security Administration
<b>SSAC</b>	State School Age Child Care
<b>SSI</b>	Supplemental Security Income
<b>SSN</b>	Social Security Number
<b>TA</b>	Technical Assistance
<b>TANF</b>	Temporary Assistance to Need Families (formerly AFDC)
<b>TMC</b>	Temporary Medical Condition

# **CONFIDENTIALITY**

## **CONFIDENTIALITY OF RECORDS**

It is permissible to exchange client (family) information between the Intake Agent and the Local DFR if allowed by law, and vice versa, when necessary for the administration of the program. Other parties requesting client (family) information must have the written permission of the client or must obtain a court order.

## **CONFIDENTIALITY ON THE PHONE**

As required by IC 5-22-3-7:

The Contractor and any principals of the Contractor certify the Contractor, except for de minimis and nonsystematic violation, has not violated the terms of:

- IC 24-4.7 (Telephone Solicitation of Consumers),
- IC 24-5-12 (Telephone Solicitations), or
- IC 24-5-14 (Regulation of Automatic Dialing Machine) in the previous 365 days, even if IC24-4.7 is preempted by federal law; and

the Contractor will not violate the terms of IC24-4.7 for the duration of the Contract, even if IC24-4.7 is preempted by federal law.

The Contractor and any principals of the Contractor certify an affiliate or principal of the Contractor and any agent acting on behalf of the contractor or on behalf of an affiliate or principal of the Contractor;

- except for de minimis and nonsystematic violations, has violated the terms of IC24-4.7 in the previous 365 days, even if IC24-4.7 is preempted by federal law; and
- will not violate the terms of IC24-4.7 for the duration of the Contract, even if IC24-4.7 is preempted by federal law.



## COMMUNICATION

Communication between local Intake Agents and local DFR offices is an essential, ongoing process that must occur to assure that TANF families receive childcare in order to achieve independence from public assistance. **Local DFR offices are to send a complete written or electronic childcare referral (faxes are acceptable) for TANF Impact priority families to the local Intake Agent for each family receiving TANF Impact.** These referrals must include ICES screens, unless indicated N/A on referral, which provide enrollment information which will not need to be re-verified by the Intake Agent.

It is expected that the local DFR and the local Intake Agent will maintain a reciprocal relationship and share information about any changes in a client's situation affecting eligibility for services.

In addition to communication with local DFR offices, the Intake Agent must assure ongoing communication is occurring with other local agencies, businesses, etc. to assure the community is aware of available childcare services.

# **DETERMINING PRELIMINARY ELIGIBILITY**

## **ENTERING & MAINTAINING A WAITING LIST**

Families should be put on the waiting list if the Intake Software indicates escrow funds are not available in the county in which the family resides. Please refer to the Intake Software manual for a description of this procedure. If funds are available, an application should not be started until the Intake Agent has verified the applicant has provided all information needed to complete an application.

### **ENTERING FAMILIES ON THE WAITING LIST**

It is the responsibility of the Intake Agent to maintain an accurate waiting list. Prior to adding a family to the waiting list, the Intake Agent must ask the applicant to declare a service need for all adults in the household and verify each family member's wages to determine income eligibility. Therefore, each waiting list application should include a copy of the applicant(s)' most recent pay stub. The Intake Agent will then multiple the gross wages by:

- Four (4) if the pay stub represents a weekly pay period, or
- Two (2) if the pay stub represents a bi-weekly or semi-monthly pay period, or
- Enter as provided if the pay stub represents a full month of pay.

### **MAINTAINING THE WAITING LIST**

In addition to verifying income eligibility, the Intake Agent must take additional steps to ensure the waiting list is accurate. This will require the Intake Agent to contact any applicant who has been on the waiting list for more than ninety (90) days to inquire if the individual still has a service need. Applicants who fail to respond to the inquiry regarding their need for childcare should be terminated from the waiting list. Once a waiting list applicant has been activated or purged, the waiting list application may be destroyed.

### **NOTIFYING WAITING LIST FAMILIES OF AVAILABLE FUNDS**

Every two (2) weeks, the Intake Agent will be notified of an estimated number of Non-TANF IMPACT children who can be added to the program, if funds are available. It is the responsibility of the Intake Agent to notify and enroll the children within the next eleven (11) days. Failure to complete enrollment may result in a loss of funds.

Families are to be notified in priority order, as maintained on the waiting list; however, families are to be enrolled on a first-come/first-serve basis. A partial application MAY NOT be started for any family under any circumstances. ONLY those applicants that have provided all necessary documents for completing the application interview should be moved from the waiting list to partials.

## CCDF PRIORITIES

### TANF IMPACT FAMILIES

*The following families must be enrolled in the CCDF Program, if funds are available (priority placement on program despite the presence of a waiting list):*

Families on TANF and participating in the IMPACT Program, including those with a zero grant, are the highest priority. These families must also meet income guidelines as noted in the Financial Need section. The parent is required to provide a complete referral form from their IMPACT caseworker and proof of identity.

**If funds are not available for a TANF IMPACT Family, the Intake Agent must terminate a non- TANF IMPACT family (this could include a TANF only family) in order to accommodate the TANF IMPACT family.** Non-TANF IMPACT families will be removed in the following order:

1. Families at the highest level of poverty, as established by the state.
2. Families who have been on the CCDF program for the longest amount of time.
3. Families at the highest gross income level as calculated for CCDF eligibility.

#### **Example**

If a new TANF IMPACT family applies and meets eligibility requirements, the Intake Agent must terminate non-TANF IMPACT families (this includes TANF only families) who are currently receiving CCDF in the county, if any. The Automated Intake System (AIS) will determine which non-TANF IMPACT family is at the highest level of poverty and prompt the Intake to terminate the family. If more than one non-TANF IMPACT family is at the same level of poverty, then the non-TANF IMPACT family who has been on the program the longest must be sent a ten (10) calendar day notice and removed from the program. If more than one non-TANF IMPACT family has been on the program for the same amount of time, then the non TANF IMPACT family who has the highest gross income level (in dollars) will need to be removed. The families removed should be placed on the waiting list in order of state priority (see below).

The Intake Agent shall not remove a currently enrolled TANF IMPACT family in order to enroll a new TANF IMPACT family. However, this policy could result in the removal of a TANF only family. Further, **more than one family may need to be removed depending upon the fiscal impact of the new TANF IMPACT family.**

If funds are not available to enroll a new TANF IMPACT family/child and no non-TANF IMPACT families are enrolled, the new TANF IMPACT referral must be entered on the waiting list.

## OTHER FAMILIES

*If funds are not available, families will be placed on the waiting list and prioritized in the following order:*

1. Families receiving TANF, who are not enrolled in an IMPACT approved activity (The applicant must submit proof of benefits.)
2. Families with children who receive or need to receive child protective services (CPS) as verified by the Local DCS can be eligible for CCDF childcare services provided the CPS caseworker indicates the family needs childcare out of the child's home. The service and financial need requirements are waived for children who have been referred by their CPS caseworker as needing out of home care, as part of the CPS case plan. A child who has been placed into another home is not eligible for this exception.
3. Children with Special Needs (see definition), who meet income and service eligibility guidelines
4. Families who are transitioning off of the TANF Program.
5. Families with the lowest income who are not receiving TANF or transitioning off TANF, but who are at risk of becoming dependent on such assistance by date of waiting list application.

*When funds become available, families must be notified in priority order but may be enrolled on a first/come – first/serve basis.*

## **TANF IMPACT REFERRALS**

*Local DFR offices are to send a complete written (faxes are acceptable) or electronic childcare referral for TANF Impact families to the local Intake Agent for each family receiving TANF Impact when required for CCDF enrollment or re-determination. Directors of the local DFR must assure all TANF Impact eligible families with a need for childcare are referred to the local Intake Agent via the TANF childcare written referral process.*

### **WHO NEEDS A CHILDCARE REFERRAL?**

- √ TANF Impact family at time of initial application
- √ TANF Impact family at time of re-determination

### **WHO DOES NOT NEED A CHILDCARE REFERRAL?**

- √ A TANF only family is required to provide verification of TANF benefits received through award letter or other acceptable form, not a referral
- √ Any non-TANF Impact family

A family who is no longer receiving TANF benefits may remain on the program if income eligibility and service need are met. However, the family's priority must be changed in the Intake Software.

### **RULES FOR TANF IMPACT CHILDCARE REFERRALS**

- A referral is valid for thirty (30) calendar days; however, childcare may only be backdated up to two (2) weeks. If a client delays the CCDF application process, service or payment can be delayed.
- TANF Impact families should be actively participating in their self-sufficiency plan, as determined by their TANF Impact caseworker, in order to receive CCDF services.
- Referrals may only be given to families with an adult in the TANF assistance group, including families with zero grant.
- Referrals must be complete, including an activity begin and end date to be considered valid.
- TANF Impact families receive a minimum of thirty (30) hours of childcare

### **A COMPLETE CHILDCARE REFERRAL FORM INCLUDES:**

- √ Impact activity indicated
- √ Begin and end dates for activity which must correspond to subsidy dates
- √ All appropriate ICES screens attached or marked "n/a"
- √ If service need is employment, AEINC must show monthly income. If absent or zero, the referral is invalid
- √ Signed and/or electronically submitted by DFR
- √ Local Intake Agent must return referral with Section B completed

## **TANF IMPACT REFERRAL PROCESS FOR NEW APPLICANT**

1. The local DFR forwards a complete childcare referral to the Intake Agent.
2. The local Intake Agent verifies completeness of childcare referral.
3. The applicant contacts the local Intake Agent to obtain a childcare appointment.
4. The local Intake Agent provides the applicant with a Provider Information Worksheet.
5. The local Intake Agent conducts a face-to-face interview with the applicant.
6. The local Intake Agent determines the applicant's eligibility based on the information provided in the childcare referral. If a referral is complete, ONLY proof of identity and provider information is required at time of application.
7. The local Intake Agent communicates the amount and cost of childcare authorized to the local Impact caseworker.

NOTE: After the application is complete or the referral expires, the Intake Agent must complete Section "B" of the TANF referral and return it to the appropriate Impact caseworker.

# **APPLICATION PROCESS**



## INITIAL APPLICATION (NEW APPLICANT)

*All families must meet the service need, financial need, residency, and age requirements as well as choose a qualified provider to access CCDF. Documentation which verifies the information required for application should be copied and maintained in the applicant's file at the Intake Agency.*

Definition of New Applicant: An individual applying for services who has not participated in the CCDF program for the previous ninety (90) days.

Information about the family must be obtained before an applicant may be approved for the CCDF program. The Intake Agent may be able to quickly pre-qualify a family based on information given to determine the poverty level of the family. At that time, the Intake Software will notify the Intake Agent if funds may be available for a new CCDF application.

If a family is determined as preliminarily eligible for the CCDF program, a face-to-face interview must occur. A family **MAY NOT** be placed in a partial application status pending completion of the application process.

**PLEASE NOTE: Initial applications must be conducted thru a face-to-face interview.**

## APPLICANT INTERVIEW

Prior to conducting the CCDF interview, the Intake Agent must determine if all necessary documentation is available to complete the interview. If an applicant is missing information, the interview must be stopped and the applicant given written documentation indicating the additional documentation needed. A partial application **MAY NOT** be taken for any reason.

During the interview with the applicant, the Intake Agent will enter relevant information into the Intake Software. In addition, the Intake Agent will compile an applicant file which will include:

- √ All required verifications
- √ Signed Rights and Obligations Form (within six months of the application date)
- √ Application (Form 805) with all eligibility criteria complete and signed by parent (including page 3)
- √ Current signed Provider Information Page (facsimile signatures are acceptable)
- √ Signed Hoosier Works for Child Care Card Authorization form
- √ Complete DFR Referral, if required
- √ A copy of the pre-voucher
- √ Other documentation, as required

The interview should include questions to obtain all relevant information to accurately complete the application (Form 805) and ensure eligibility. Interviews with applicants demonstrating no visible means of support should include questions inquiring how their basic needs are being met.

Note: The Intake Agent must print the application (Form 805) and have the parent sign it. If the parent/provider completes a manual application, it should be attached to the computer generated application and placed in the applicant's file.

## **SECTION A**

### **Determining Eligibility / Completing an Application**

#### **HOUSEHOLD SIZE**

Definition of a Family: One or more adults and children related by blood or law, or other person standing in loco parentis, residing in the same household. Where adults over the age of 18 (other than spouses or biological parents of the child needing services) reside together, each is considered a separate family. Wards of the local office of the Division of Family Resources (i.e. foster children on Title IV-E) are the legal responsibility of the local office of the Division of Family Resources and not the family with which the child has been placed. Note: A marriage between persons of the same gender is void in Indiana even if the marriage is lawful in the place where it is solemnized (IC 31-11-1-1(b)), however, persons of the same gender may become foster or adoptive parents of a child and both are considered applicants.

#### **APPLICANT (Box #1)**

Definition of Applicant: A person who is applying for services on behalf of the child(ren) for which they have physical custody. The applicant must be a person related to the eligible child by blood or law, or is a person standing in loco parentis (in the place of the parent). The applicant must be age eighteen (18) or over unless the applicant is married, an emancipated minor, or a minor parent.

#### **MATCHING APPLICANT IN ANOTHER COUNTY**

When performing a search in the Intake Software, an Intake agent may receive a match to an applicant living in another county. First the Intake Agent should determine if the case is active. If the case is active, the Intake Agent must determine if the individual is the same individual submitting the application in their county. This may be done by matching applicant birth date, as well as children's names and birth dates. If the Intake Agent determines the client is a match to the other case, the Intake Agent must inform the parent that their application may not be taken until the active case has been closed. Also, the Intake Agent must notify their CCDF Policy Consultant by email of the applicant match.

## **PHYSICAL CUSTODY**

The individual, parent or guardian, having physical custody of the child is considered the applicant for CCDF benefits. Custody may be formal or non-formal. If the child is in informal custody and is NOT considered a foster child placed with a licensed foster family, the custodial adult(s) income WILL be considered when determining financial need. If a foster child is placed in a home with an unlicensed foster family, the foster parent(s) income WILL be considered when determining financial need.

### **MINOR PARENT**

Minor parents must be in a training/education program and/or employed. The minor parent is the applicant for CCDF benefits and the minor parent and his/her child(ren) are considered a separate family. Minor parent means a parent under age eighteen (18).

NOTE: If a minor parent is a junior or senior high school student, the voucher(s) for the child(ren) may be placed in "Approved Leave" for a break in school not to exceed twelve (12) weeks. The minor parent must plan to return to junior or senior high school at the end of the break. The action ensures the child(ren) will have CCDF benefits when the parent returns to school.

### **TEMPORARY CHANGES IN CUSTODY**

When physical custody of a child(ren) is no longer with the CCDF applicant due to a formal custody agreement, a child(ren)'s voucher may be placed in "Approved Leave" for the period of time the child(ren) are not in the CCDF applicant's physical custody. This period may not exceed twelve (12) weeks. This action ensures the child(ren) will continue to receive CCDF benefits when the child(ren) returns to the CCDF applicant's home.

If the individual who obtains temporary custody of the child(ren) also need childcare, the individual with temporary custody may apply for CCDF benefits according to CCDF policies.

### **CHANGES IN PHYSICAL CUSTODY**

When physical custody of a child(ren) currently receiving CCDF benefits changes due to a catastrophic event, the child(ren) may be entitled to continued benefits should the individual with physical custody meet CCDF eligibility guidelines. Catastrophic events include:

- Loss of parent/guardian
- Incarceration of parent/guardian
- Placement with a foster family or other guardian as identified by the Department of Child Services or placement back into the child's home.

In these situations, the Intake Agent shall create a waiting list application listing the new guardian as applicant. The Intake Agent must request continued service

for the child(ren) through their CCDF Policy Consultant by submission of a data change request. The request should include:

- √ Case number of current application
- √ Case number of new application
- √ Brief explanation of catastrophic event

The Intake Agent shall assure the child(ren) do not experience overlapping eligibility (by subsidy end date or de-activation of Hoosier Works for Child Care Cards) or temporary loss of eligibility if application requirements have been met.

### **CHANGE IN FOSTER PARENT RELATIONSHIP- CHILD ADOPTED**

When a foster parent adopts their foster child(ren), the Intake Agent shall create a waiting list application listing the adoptive parent (previous foster parent) as the applicant. If the applicant is eligible, the Intake Agent must request continued service for the child(ren) through their CCDF Policy Consultant by submission of a data change request. The request should include:

- √ Case number of current application
- √ Case number of new application
- √ Statement regarding change in applicant relationship

The Intake Agent shall assure the child(ren) do not experience overlapping eligibility (by subsidy end date or de-activation of Hoosier Works for Child Care Cards) or temporary loss of eligibility if application requirements have been met.

### **PARENTS IN THE MILITARY**

The person with physical custody of the child(ren) is considered the applicant(s) for benefits. Their service and financial need would be considered for eligibility. When a married couple is in the military, the parent stationed away from home shall also be counted in the family's household size and their income shall be counted toward eligibility.

### **FOSTER FAMILIES**

Definition of Foster Parent: An individual who provides care and supervision as a substitute family on a 24-hour basis to a child who is deemed a ward of the local office of the Department of Child Services. A foster parent with the appropriate documentation, including valid Foster Family Home License, may be considered a valid applicant for enrollment of the foster child to the CCDF program. Foster parents of the same gender are both considered applicant for the CCDF program.

Foster parent(s) must document they are currently working or in a certified or accredited education or training program to be eligible for CCDF benefits. If the foster parent is

applying for childcare for the foster child(ren), then the income of the foster parent(s), including the foster child per diem is not counted. Therefore the foster child is considered a “family of one”. The applicant, who is the foster parent, will not be counted in the household. When foster children are biological siblings, the children may be listed on the same application. **Documentation required:**

- √ **Copy of the foster parent’s valid Foster Family Home License (State Form 45562) which matches the foster parent’s residency verification**
- √ **Verification the child is a ward of the State, such as, Medical Authorization (State Form 3319), court placement order, current per diem documentation or documentation from the DCS caseworker.**

At re-determination, the Intake Agent must assure the foster parent has a valid Foster Family Home License and obtain a current per diem statement.

## **CITIZENSHIP**

Only the citizenship and immigration status of the child, who is the primary beneficiary of the child care benefit, is relevant for eligibility purposes.

## **VERIFICATION OF APPLICANT IDENTITY**

*Only one document is needed.* When entering the applicant’s name into the Automated Intake Software, the applicant’s first and last name must be entered exactly as recorded on the applicant’s form of identification. A middle initial may be used for the applicant’s middle name, if any. Picture identification is required and includes, but is not limited to:

- √ Driver’s license
- √ State ID
- √ Passport
- √ Military ID
- √ School ID
- √ Work ID

NOTE: When an applicant’s name does not match all sources of verification information, the applicant shall write a statement indicating their legal name. (See CCDF Name Attestation form) In the case of a TANF individual, the name shall be entered as it appears on the ICES screen.

## **ADDRESS (Box #2)**

## **RESIDENCY**

The applicant must apply for CCDF in his/her county of residence. This can include a person who is temporarily residing in a domestic or homeless shelter in Indiana. There is

no minimum length of time a person must reside in Indiana to obtain benefits. Currently, the AIS software does not support entry of a physical address as well as a mailing address; therefore, the mailing address should be recorded in Box #2 and the physical address must be documented in the applicant file.

NOTE: Current is defined as within the previous thirty (30) days.

## **VERIFICATION OF RESIDENCY**

Physical residency documentation is required and includes, but is not limited to:

- Current rent receipt with address or statement from landlord
- Current utility bill
- Lease for current lease period
- Envelope from current mail received at address including postmark (including mail from Intake Agent)
- INS green card
- Current check stub
- Current TANF ICES screen
- Valid driver's license
- Documentation from a Homeless Shelter or Domestic Violence Shelter

NOTE: When an applicant's name does not match all sources of verification information, the applicant shall write a statement indicating their legal name. (See CCDF Name Attestation form) In the case of a TANF individual, the name shall be entered as it appears on the ICES screen.

## **APPLICANTS CHOOSING CARE IN ANOTHER COUNTY**

Applicants are to apply for CCDF in their county of residence. The rate of reimbursement is based on the local market rates for the county where the parent resides not the county where care is provided.

## **APPLICANTS WHO MOVE**

Applicants are required to report changes in residency within ten calendar days. When reported, an Intake Agent should ask for proof of residency at the time of the report. Once received the application must be updated without requiring a signature.

## **APPLICANTS WHO MOVE TO ANOTHER COUNTY**

Applicants are required to report changes in residency within ten calendar days. If a family moves to another county, the Intake Agent is to terminate the case with a ten

calendar day notice. The intake should provide the family with information on where to apply for services in the new county of residence. The family must apply for services in the same manner as any other family. Eligibility is not guaranteed.

### **MATCHING APPLICANT IN ANOTHER COUNTY**

When performing a search in the Intake Software, an Intake agent may receive a match to an applicant living in another county. First the Intake Agent should determine if the case is active. If the case is active, the Intake Agent must determine if the individual is the same individual submitting the application in their county. This may be done by matching applicant birth date, as well as children's names and birth dates. If the Intake Agent determines the client is a match to the other case, the Intake Agent must inform the parent that their application may not be taken until the active case has been closed. Also, the Intake Agent must notify their CCDF Policy Consultant by email of the applicant match.

### **SINGLE PARENT (Box #3)**

Definition of a Single Parent: A single parent is a parent who is raising a child in a household where the child's other biological parent or step-parent is not in residence.

### **COUNTY OF RESIDENCE (Box #4)**

1	Adams	32	Hendricks	63	Pike
2	Allen	33	Henry	64	Porter
3	Bartholomew	34	Howard	65	Posey
4	Benton	35	Huntington	66	Pulaski
5	Blackford	36	Jackson	67	Putnam
6	Boone	37	Jasper	68	Randolph
7	Brown	38	Jay	69	Ripley
8	Carroll	39	Jefferson	70	Rush
9	Cass	40	Jennings	71	St. Joseph
10	Clark	41	Johnson	72	Scott
11	Clay	42	Knox	73	Shelby
12	Clinton	43	Kosciusko	74	Spencer
13	Crawford	44	LaGrange	75	Starke
14	Davies	45	Lake	76	Steuben
15	Dearborn	46	LaPorte	77	Sullivan
16	Decatur	47	Lawrence	78	Switzerland
17	DeKalb	48	Madison	79	Tippecanoe
18	Delaware	49	Marion	80	Tipton
19	Dubois	50	Marshall	81	Union
20	Elkhart	51	Martin	82	Vanderburgh
21	Fayette	52	Miami	83	Vermillion
22	Floyd	53	Monroe	84	Vigo
23	Fountain	54	Montgomery	85	Wabash
24	Franklin	55	Morgan	86	Warren



25	Fulton	56	Newton	87	Warrick
26	Gibson	57	Noble	88	Washington
27	Grant	58	Ohio	89	Wayne
28	Green	59	Orange	90	Well
29	Hamilton	60	Owen	91	White
30	Hancock	61	Parke	92	Whitley
31	Harrison	62	Perry		

### **SCHOOL DISTRICT (Box #4b)**

A complete list of school district identification numbers can be found on the Indiana Department of Education's website [www.doe.in.us](http://www.doe.in.us) or more specifically on webpage [http://www.doe.state.in.us/safety/pdf/id\\_number\\_corp.pdf](http://www.doe.state.in.us/safety/pdf/id_number_corp.pdf).

### **TELEPHONE NUMBER (Box #5)**

The CCDF applicant is asked to provide the Intake Agent with a telephone contact number; however, this is not required. This number may be their home, work, cell or a contact number of a friend. The Intake Agent is not required to verify this number.

## **SECTION B**

### **Family Members**

#### **HOUSEHOLD NAMES (Box #1)**

##### **HEAD OF FAMILY**

The head of family is the same individual listed as the applicant. Their name should be recorded exactly as written on their proof of identification documentation.

##### **VERIFICATION OF APPLICANT IDENTITY**

*Only one document is needed.* When entering the applicant's name into the Automated Intake Software, the applicant's first and last name must be entered exactly as recorded on the applicant's form of identification. A middle initial may be used for the applicant's middle name, if any. Picture identification is required and includes, but is not limited to:

- √ Driver's license
- √ State ID
- √ Passport
- √ Military ID
- √ School ID
- √ Work ID

NOTE: When an applicant's name does not match all sources of verification information, the applicant shall write a statement indicating their legal name. (See CCDF Name Attestation form) In the case of a TANF individual, the name shall be entered as it appears on the ICES screen.

##### **OTHER ADULT FAMILY MEMBERS**

If you have determined the applicant receiving services is a "Single Parent", there will be no other adults listed on this application. If this applicant is not a single parent, the biological parent, step-parent, or foster parent of the child(ren) listed on the application should be recorded in this section of the application.

##### **VERIFICATION OF OTHER ADULT FAMILY MEMBER'S IDENTITY**

*Only one document is needed.* When entering the other adult's name into the Intake Software, the applicant's first and last name must be entered exactly as recorded on the applicant's form of identification. A middle initial may be used for the applicant's middle name, if applicable. Identification is required and includes, but is not limited to:

**Preferred – Picture ID**

- √ Driver's license
- √ State ID
- √ Passport
- √ Military ID
- √ School ID
- √ Work ID

**Optional**

- √ ICES screen
- √ Social security card (NOTE: Social security cards may be accepted as proof of identity but cannot be required according to federal regulation.)
- √ Birth certificate

NOTE: When an individual's name does not match all sources of verification information, the other adult shall write a statement indicating their legal name. (See CCDF Name Attestation form) In the case of a TANF individual, the name shall be entered as it appears on the ICES screen.

**CHILDREN AS FAMILY MEMBERS**

*Only children related to the adult(s) on the application by blood or law, including children in foster care and children for whom the adult is serving in place of the parent should be recorded on the application.* Once a child(ren) turn eighteen (18) years of age, the child is no longer considered a family member for purposes of CCDF, regardless of school enrollment status. It is possible for an applicant to have more than one application based on the relationship of the child(ren) to the other adults in the household. In the case of foster families, only foster children who are biological siblings should be listed on the same application.

**AGE REQUIREMENTS**

Children receiving CCDF benefits must be under the age of thirteen (13). Children ages thirteen (13) through seventeen (17) who need childcare and meet the definition of a child with special needs or are under court supervision are considered eligible.

**CHILDREN WITH SPECIAL NEEDS**

Documentation of a child with special needs must be made by evidence of enrollment in one or more of the following program or services:

- Children with Special Health Care Services;
- First Steps Early Intervention System;
- Public School Special Education;

- Supplemental Security Income (SSI);
- Head Start (those professionally diagnosed children with disabilities).

With parental consent, a copy of the program enrollment forms may be obtained and used as documentation of special needs. Benefit letters, enrollment numbers, or program cards can also be used as documentation of enrollment. For children age thirteen (13) or over, the required special needs documentation must indicate the child's need for adult supervision at all times.

If documentation/verification of enrollment in at least one of the above indicated programs cannot be obtained, the child will not be considered as a child with special needs until the documentation/verification can be provided. Provider and/or parents cannot self-declare a child has special needs.

### **VERIFICATION OF IDENTITY FOR CHILD(REN)**

*Only one permanent document is needed, and required for each child listed on the application.* When entering the child's name into the Intake Software, the child's first and last name must be entered exactly as recorded on the child's form of identification. A middle initial may be used for the child's middle name, if applicable. Identification is required and includes, but is not limited to:

#### **Preferred**

- ✓ Birth certificate
- ✓ Hospital issued certificate of birth
- ✓ Birth confirmation letter
- ✓ ICES screen

#### **Optional, if it includes child's date of birth**

- ✓ School enrollment records
- ✓ Medical immunization records
- ✓ State ID

NOTE: When an child's name does not match all sources of verification information, the applicant shall write a statement indicating the child's legal name. (See CCDF Name Attestation form) In the case of a TANF individual, the name shall be entered as it appears on the ICES screen.

## **DATE OF BIRTH (Box #2)**

The date of birth for each adult household member should be recorded in the Automated Intake Software. This date may be declared.

The date of birth of each household member who is a child should be recorded in the Intake Software, verified and appropriately documented.

## **VERIFICATION OF A MINOR'S DATE OF BIRTH**

*Only one permanent document is needed.* The Intake Agent must obtain documentation of date of birth for each child living in the applicant's household. Proof of birth date is required and includes, but is not limited to:

### **Preferred**

- √ Birth certificate
- √ Hospital issued certificate of birth
- √ Birth confirmation letter
- √ TANF Referral ICES screen

### **Optional, if record includes date of birth**

- √ School enrollment records
- √ Medical immunization records
- √ State ID

NOTE: When a minor's name does not match all sources of verification information, the applicant shall write a statement indicating the minor's legal name. (See CCDF Name Attestation form) In the case of a TANF individual, the name shall be entered as it appears on the ICES screen.

## **CITIZEN (Box #3)**

The eligible child(ren) must be a citizen(s) of the United States or a qualified (legal) alien(s) and currently reside in Indiana. Only the citizenship and immigration status of the child, who is the primary beneficiary of the childcare benefit, is relevant for eligibility purposes.

## **CUSTODIAL ADULT (Box #4)**

Any adult listed on the childcare application must have physical custody of the child for which they are applying; therefore, any adult listed on the application would be considered the custodial adult.

## **RELATIONSHIP TO APPLICANT (Box #5)**

A selection must be made in the Intake Software which identifies the family member's relationship to the applicant. The Intake Agent should select the most appropriate response.

## **GENDER (Box #6)**

A gender must be selected for each person listed on the application. Adults in the household may be of the same gender if they are foster parents or adoptive parents.

## **SOCIAL SECURITY NUMBER /RID NUMBER (Box #7)**

Disclosure of an applicant or household member's Social Security (SSN) number is optional. A Social Security number is not required for child care eligibility and eligibility will not be denied due to the failure to collect a Social Security number. If provided, the State and Intake Agent will keep the Social Security number confidential. The State may use a Social Security number to assemble research data sets that do not identify individuals; verify employment and/or income; supply the federal government information regarding the childcare program; and/or match against TANF database.

If provided, the Intake Agent shall record the individual's Social Security number in the Intake Software. If an applicant receives TANF benefits, the Intake Agent shall also record the individual's TANF RID number.

## **MEDICAID/HOOSIER HEALTHWISE (Box #8)**

The Intake Agent shall gather statistical information regarding the applicant's and their household members' status as a Medicaid or Hoosier Healthwise recipient and record this data in the Intake Software. Applicants who are TANF Impact or TANF should be marked as receiving Medicaid or Hoosier Healthwise.

## **TANF (Box #9)**

The Intake Agent shall indicate if the applicant or their household members receive TANF benefits and record this data in the Intake Software. If an individual received TANF benefits, the Intake Software will require the entry of a TANF RID number.

## **ETHNIC HISPANIC OR LATINO (Box #10)**

An Intake Agent shall gather for statistical purposes information regarding Hispanic or Latino descent for the applicant and their household members. This information shall be recorded in the Intake Software.

## **RACE (Box #11)**

Definition of Race: A major division of human beings, whose members are regarded as having a common ancestry and similar physical traits.

An Intake Agent shall ask the applicant to declare at least one race for themselves and each household member. The applicant may select any of the following:

1. American Indian/ Alaskan Native
2. Asian
3. Black or African American
4. Native Hawaiian /Pacific Islander
5. White

## **ADULT SERVICE CODE (Box #12)**

The Intake Agent shall select the appropriate service code for each adult listed on the application. Service Need eligibility is determined on an individual basis. A Service Need is established when each adult living in the home with a child under the age of thirteen (13) or through age seventeen (17) in cases of special circumstances, can demonstrate the need for childcare by proving participation in one or more of the following:

1. Employment/On the Job Training
2. Training/Education
3. Both 1 and 2
4. Child Protective Services
5. Other (new job, job search)

### **1. EMPLOYMENT/SELF-EMPLOYMENT**

These activities may be conducted through an employer or considered self-employment and are documented by proof of income.

#### **VERIFICATION OF EMPLOYMENT**

To verify employment, the Intake Agent may accept the following as proof:

- A pay stub showing identifying information, hours worked, and gross wages.
- A statement from the applicant's employer which includes:
  - Gross pay
  - Hours worked
  - Date paid
  - Employer's signature
  - EIN number of the business, or on letterhead or includes the manager's business card

- A TANF Impact referral
- A statement of earnings from The Work Number, a wage verification service utilized by specific employers. (see [www.theworknumber.com](http://www.theworknumber.com))

### **VERIFICATION OF SELF-EMPLOYMENT**

- Statement of Profit and Loss
- Tax form Schedule C, if not more than six (6) months old

## **2. TRAINING/EDUCATION**

These training activities may include, but are not limited to:

- Job Readiness
- Community Work Experience (CWEP)
- Post-Secondary Education (including distance learning)
- Vocational and Educational Training and Academic Training
- Adult Basic Education (ABE)
- English as a Second Language (ESL), and
- General Education Degree (GED).

Education programs must be completed through a certified or accredited secondary or post secondary training organization/institution and could include post-secondary correspondence or distance learning. To find certified or accredited post-secondary training organizations / institutions, complete a search at [www.chen.org](http://www.chen.org), or [www.opecd.gov](http://www.opecd.gov), or [www.detc.org](http://www.detc.org).

### **VERIFICATION OF EDUCATION/TRAINING SERVICE NEED (TANF IMPACT APPLICANT)**

- TANF Impact referral

### **VERIFICATION OF EDUCATION/TRAINING SERVICE NEED (NON-TANF IMPACT FAMILY)**

School documentation must include the following in one or multiple documents:

- Student name
- School name
- Credit hours taken and/or hours of participation
- Semester dates

This verification may be in the form of the following:

- Registration form
- School schedule which may be printed from school website
- Statement on school letterhead

## **EDUCATIONAL RESTRICTIONS**

### **Non-TANF Impact Households**

Child Care benefits for Non-TANF Impact household are allowable for post-secondary education not to exceed one four (4) year degree or two Associate



degrees. Childcare benefits used to support post-secondary education may not exceed sixteen (16) semesters.

#### **TANF Impact Households**

TANF Impact households may participate in training activities if approved by their Impact caseworker.

In accordance with regulations for TANF, if a TANF Impact household chooses to attend an undergraduate degree program or training that cannot be approved by IMPACT, they must apply for CCDF benefits in the same manner as any other Non-TANF Impact household.

### **3. BOTH EMPLOYMENT AND TRAINING/EDUCATION**

An applicant may be participating in a combination of services. Documentation should be collected to verify both types of service need.

### **4. CHILD PROTECTIVE SERVICES**

Families with children who receive or need to receive child protective services as verified by the local Department of Child Services can be eligible for CCDF benefits provided the CPS caseworker indicates the family needs childcare out of the child's home. The service and financial need requirements are waived for children who have been referred by their CPS caseworker as needing out of home care as part of the CPS case plan. A child who has been placed into another home is not eligible for this exception. This is for children who have not been removed from their own home but need outside care as identified by the CPS caseworker.

### **5. OTHER/NEW JOB**

An applicant who applies for service but is not able to provide the previous thirty (30) days income form their current employer due to date of hire is considered working a "New Job". Therefore, the Intake Agent must issue a voucher for eight (8) weeks.

#### **VERIFICATION OF NEW JOB**

To verify new employment, the Intake Agent may accept the following as proof:

- A statement from the employer prepared on company letterhead **or** includes the EIN number of the business **or** has the manager's business card and includes:
  - Date hired
  - Anticipated work hours
  - Anticipated pay date
  - Employer's signature

- A single paystub showing identifying information, hours worked and gross wages

## **5. OTHER/JOB SEARCH**

Activities considered job search are the same regardless of whether the individual is TANF Impact or Non-TANF Impact. These may take place in or out of the home and include the following, but not limited to:

- Employment workshops
- Job clubs or job fairs
- Researching job opportunities in the classified ads or other publications, including internet research
- Face-to-face contacts with potential employers
- Attending job interviews
- Following-up on job applications
- Registering for work at an employment agency
- Completing job applications
- Completing pre-employment requirements
- Job testing

### **VERIFICATION OF JOB SEARCH**

#### **TANF Impact Clients**

The Impact caseworker maintains documentation the applicant is conducting job search activities

#### **Non-TANF Impact Clients**

For non-TANF Impact clients, the parent must submit a signed Bureau of Child Care Job Search Request form.

## **5. OTHER/APPROVED LEAVE**

An approved temporary lapse in service need, which does not exceed twelve (12) weeks, during which child care is not needed yet eligibility is maintained. Examples include::

- Family medical leave
- Maternity leave
- Temporary changes in formal custody
- A break in school of less than four (4) weeks or twelve (12) weeks for a returning junior or senior high school applicant.

### **TEMPORARY LOSS OR SERVICE NEED (EDUCATION)**

If a CCDF applicant is currently enrolled as a student, the voucher(s) for the child(ren) may be placed in "Approved Leave" during breaks in school which do not exceed four (4) weeks provided the CCDF applicant plans to return to school at the end of the break. If the parent is a junior or senior high school parent, the voucher may be placed in "Approved Leave" for up to twelve (12) weeks as long as the minor parent intends to return to junior or senior high

school. This action ensures the child will have CCDF benefits when the parent returns to school.

#### **TEMPORARY MEDICAL CONDITION OF PARENT/GUARDIAN**

A parent/guardian who has a temporary (less than twelve (12) weeks) medical condition that prevents him/her from working or attending an educational or training program, and who is ABLE to care for their children may be placed in "Approved Leave" until the parent can return to work. A doctor's statement must be provided indicating the parent is unable to participate in their service need. A statement is also required indicating the parent has been assured of returning to their employment, training, or education. Documentation the parent/guardian is on family medical leave may also serve as employer verification.

#### **TEMPORARY CHANGE IN PHYSICAL CUSTODY**

When physical custody of a child(ren) is no longer with the CCDF recipient due to a formal custody agreement, a child's voucher may be placed in "Approved Leave" for the period of time the child is not in the CCDF recipient's physical custody. This period may not exceed twelve (12) weeks. This action ensures the child(ren) will continue to receive CCDF benefits when the child(ren) return to the CCDF recipient's home.

### **5. OTHER/INCAPACITATED PARENT**

The parent/guardian who has a medical condition that prevents him/her from working or attending an educational or training program, and who is UNABLE to care for children as verified by a doctor's statement is considered incapacitated. This condition could be temporary or permanent, however, the benefits a parent/guardian receives is dependent on the number of adults living in the household. These situations are to be determined on a case-by-case basis and reviewed at least every six (6) months or based on the length of the incapacity as stated on the doctor's statement, whichever comes first. This could include family medical leave, post surgery conditions, pregnancy, post childbirth conditions, accident related conditions and mental health related conditions.

In a **TWO PARENT/GUARDIAN HOUSEHOLD**, CCDF benefits may be provided to allow the one parent/guardian to participate in employment and/or training activities. The incapacitated parent must provide valid doctor's statement indicating the parent/guardian is unable to participate in their service need or care for their child(ren).

In a **TWO PARENT/GUARDIAN HOUSEHOLD**, CCDF benefits can be continued when one parent has a temporary medical condition which prevents the parent from participating in their employment and/or training activities and the other parent is incapacitated. Both parents/guardians must provide a valid doctor's statement indicating the parents/guardians are unable to participate in their service need or care for their child(ren). A statement from the employer must also be provided indicating the parent/guardian with a temporary medical

condition has been assured of returning to their job. Documentation the parent/guardian is on family medical leave may also serve as employer verification.

In a **SINGLE PARENT/GUARDIAN HOUSEHOLD**, CCDF benefits can be continued when the parent has a temporary medical condition which prevents the parent/guardian from working and/or participating in training activities. A valid doctor's statement must be provided indicating that the parent/guardian is unable to participate in their service need and unable to care for their child(ren). A statement from the employer must also be provided indicating the parent has been assured of returning to their job. Documentation the parent is on family medical leave may also serve as employer verification.

## SECTION C

### Family Income

#### DEFINITIONS

**Federal Poverty Level:** Guidelines issued by Health and Human Services by the number in the family unit and income level to determine whether a person or family is financially eligible for assistance or services under a particular Federal Program. These guidelines are based on poverty thresholds used by the Bureau of Census to prepare its statistical estimates of the number of persons and families in poverty. The poverty guidelines are adjusted each year to account for the last calendar year's increase in prices as measured by the Consumer Price Index.

**Financial Need:** Effective 10/1/2002, a new applicant (see definition of new applicant) must have gross monthly family income less than 127% of the Federal Poverty Level to be enrolled in the program. Effective 9/30/2007, families may remain on the CCDF program as long as the family's Federal Poverty Level is less than 171%.

**Gross Income:** A family's total income from all countable sources prior to taxes and deductions is their gross income.

**Income Eligible:** Applicants who are financially eligible for services. Income eligibility is based on the current poverty level for a specific family size.

#### NAME OF PERSON RECEIVING MONEY (Box #1)

A selection must be made in the Intake Software which identifies the family member receiving the specific source of income. If the income recorded is for child support, the recipient is the adult in the household who directly receives the funds.

#### MONTHLY GROSS INCOME FOR ELIGIBILITY (Box #2)

Financial need exists when an Intake Agent verifies an applicant's previous thirty (30) days income:

- New applicant must be less than **127%** (Effective October 1, 2002)
- Re-certification (Update) must be less than **171%** (Effective September 30, 2007)

Only the individuals with income who are included in the household should be counted. If a dependent child under the age of eighteen (18) receives SSI or TANF, this is considered *unearned income* and is counted. However, *earned income* (i.e. employment) of a dependant child under the age of eighteen (18) is not counted.

All income received in the previous thirty (30) days from the date of application shall be counted, unless otherwise indicated. All income documentation shall include identifying information of the household member such as: name, nickname, social security number, partial social security number, etc.

## 1. WAGES/EMPLOYMENT

### **WAGES OR SALARY (COMPLETE 30 DAYS INCOME)**

The total amount of gross earning received for work performed as an employee before deductions are made. Includes, but not limited to:

- |                                 |                       |
|---------------------------------|-----------------------|
| √ Wages / Salaries              | √ Bonuses             |
| √ Armed forces pay              | √ Commissions         |
| √ All tips recorded on the stub | √ Piece rate payments |

*Exception: An applicant should not be penalized if the previous thirty (30) days income includes an extra pay date. If an applicant is paid weekly, the applicant's verification shall not exceed four (4) pay stubs, two (2) pay stubs if the client is paid bi-weekly, or one (1) pay stub if the client is paid monthly.*

To verify wages, the Intake Agent may accept the following as proof of wages:

- A pay stub showing identifying information, hours worked, and gross wages.

If the pay date is absent from the pay stub, the applicant may declare the pay date. The pay date should be indicated on the pay stub.

If a pay stub is missing, the Intake Agent may utilize year-to-date wages, if available, to calculate the gross wages of the missing pay stub to determine the appropriate thirty (30) days income.

If the pay stub is missing hours worked and this can not be determined by gross wages compared to hourly wage, the applicant must provide a signed statement from their employer indicating the hours worked prepared on company letterhead or including the employer's Employee Identification Number (EIN) or includes the manager's business card.

- A statement from the applicant's employer showing identifying information which includes:
  - Gross pay
  - Hours worked
  - Date paid
  - Employer's signature
  - EIN number of the business, or on letterhead or includes the manager's business card

- A gross earnings projection provided by the applicant's Impact caseworker in the form of a current referral as documented on the AEINC screen.
- A statement of earnings from The Work Number, a wage verification service utilized by specific employers. See [www.theworknumber.com](http://www.theworknumber.com) to register for this service.

### **WAGES OR SALARY (INCOMPLETE 30 DAYS INCOME)**

Incomplete income is documentation before deductions are made which does not represent a complete pay cycle for an employee (i.e. less than four (4) if paid weekly or two (2) if paid bi-weekly), due to but not limited to:

- New employment
- Vacation leave
- Sick leave
- Plant shut down

In these situations, the Intake Agent must verify the absence of pay either by year-to-date wages and/or employer verification, and must issue only an eight (8) week voucher. An income update must be completed and the applicant determined income eligible before additional vouchers are issued.

To verify wages, the Intake Agent may accept the following as proof of wages:

- A pay stub showing identifying information, hours worked, and gross wages.

If the pay date is absent from the pay stub, the applicant may declare the pay date. The pay date should be indicated on the pay stub.

If the pay stub is missing hours worked and this can not be determined by gross wages compared to hourly wage, the applicant must provide a signed statement from their employer indicating the hours worked prepared on company letterhead or including the employer's Employee Identification Number (EIN) or the manager's business card.

- A statement from the applicant's employer showing identifying information which includes:
  - Gross pay
  - Hours worked
  - Date paid
  - Employer's signature
  - EIN number of the business, or on letterhead or includes the manager's business card.
- A statement of earnings from The Work Number, a wage verification service utilized by specific employers. See [www.theworknumber.com](http://www.theworknumber.com) to register for this service.

**WAGES FROM NEW EMPLOYMENT**

If the applicant is employed, but has yet to receive a paycheck for new employment, the applicant must provide, at the time of application, a signed statement from the new employer which verifies the following:

- Estimated number of hours per week
- Employer's signature
- Completed on company letterhead or includes the employer's EIN or manager's business card.

**WAGES FROM SELF-EMPLOYMENT (NON-FARM)**

A Self-employed applicant's gross wages are determined by deducting expenses from receipts of a business, professional enterprise, or partnership.

NOTE: Applicants must be able to demonstrate an income (receipts) from self-employment; however, applicant's may incur an operating loss which is reported as "zero" on the application (Form 805).

Income for self-employment is calculated by taking the gross receipts minus expenses. Gross receipts include the value of all goods sold and/or services rendered. Expenses include the cost of goods purchased, rent and utilities for the business property, depreciation, wages and salaries paid, interest on loans, and business taxes. Any income or expense considered as such by the Internal Revenue Service (IRS) is considered the same for CCDF purposes (use IRS Tax Schedule C).

The previous year's tax return may be used and averaged over the number of months of employment, however, an additional Profit/Loss statement is required if the Schedule C is more than six (6) months old. An applicant may be asked by the Bureau of Child Care to provide documentation of gross receipts and expenses.

**WAGES FROM SELF-EMPLOYMENT (FARM)**

The gross income is determined by calculating receipts minus operating expenses from the operation of a farm by a person's own account, as an owner, renter, or sharecropper.

Farming income is calculated by taking the gross receipts minus operating expenses. Gross receipts include the value of all products sold, money received from the rental of farm equipment to others and incidental receipts from the sale of wood, sand, gravel and similar items. Operating expenses include the cost of feed, fertilizer, seed and other farm supplies, wages paid to farm hands, loans, farm building repairs, farm taxes (not state or federal income taxes) and similar expenses. Any income or expenses considered as such by the Internal



Revenue Service (IRS) is considered the same for CCDF purposes (use IRS Tax Schedule F).

The previous year's tax return may be used and averaged over the number of months of employment.

## **2. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)**

TANF is money paid as cash assistance to an adult in the assistance group. This source of income should be verified by award letter or ICES screen.

## **3. OTHER STATE FUNDING**

These sources of income should be verified by award letter, check stub or other source of verification from the approving authority.

## **4. HOUSING VOUCHER**

Housing vouchers are benefits provided to an individual to assist in providing adequate housing for their family. This income may be declared and is not counted toward eligibility.

## **5. FOOD STAMPS**

Food stamps are benefits paid to an individual for purchase of nutritional items to assist in providing adequate nutrition for their family. This source of income may be declared and is not counted toward eligibility.

## **6. SSI OR OTHER FEDERAL CASH PROGRAM**

SSI is money paid to an individual as cash assistance from Supplemental Security Income. This income should be verified by award letter, check stub or other source of verification from the approving authority.

## **7. PENSIONS AND ANNUITIES**

Pensions and annuities are paid to a retired person or his/her survivors by a former employer or union either directly or through an insurance company. This income should be verified by award letter, check stub or other source of verification from the approving authority.

## **8. UNEMPLOYMENT**

Unemployment is compensation received from government unemployment insurance agencies or private companies during the period of unemployment. This income should be verified by award letter, check stub or other source of verification from the approving authority.

## **9. CHILD SUPPORT**

Child support is money paid on a regular basis by an absent parent for the benefit of his/her child, which includes direct payments and payments via the Clerk of the Circuit

Courts and/or the Division of Family Resources, Child Support Bureau. If the child for whom child support is received is listed on the application, the child support is counted regardless of whether the child is receiving CCDF benefits.

Child support received through the Clerk of the court should be counted as date disbursed and verified by the following:

- √ Court printout
- √ Internet account verification (<http://www.in.gov/ai/appfiles/fssa-childsupport/>)
- √ Bank statement
- √ Check stub
- √ Child support hotline (800-840-8757) documented by the Intake Agent

Child support received directly from the absent parent should be verified by the following:

- √ Written statement from absent parent, when possible
- √ Written statement from applying parent

**EXCEPTION:** Child support payments made outside of the regular schedule are to be annualized, regardless of the amount.

**Calculate:** The total amount of the lump sum should be divided by twelve (12) and applied to the application (Form 805) for the next twelve (12) months. Please note: The applicant may deduct documented legal expenses from the lump sum received.

## **10. OTHER (COUNTED)**

### **SOCIAL SECURITY**

Insurance payments paid by the Social Security Administration or the U.S. Government to an individual who is age qualified, a survivor of a qualified individual, a permanently disabled individual, or an individual retired from the railroad. Gross income includes benefits received prior to deductions for medical insurance. This income may be verified by award letter, check stub, or other source of verification from the approving authority.

### **MAINTENANCE**

Maintenance is an allowance paid to one spouse by the other for support pending or after separation or divorce.

Maintenance received through the Clerk of the court should be counted as date disbursed and verified by the following:

- √ Court printout
- √ Bank statement
- √ Check stub

Maintenance received directly from the absent parent should be verified by the following:

- √ Written statement from absent parent, when possible
- √ Written statement from applying parent

**VETERAN'S BENEFITS**

Veteran's benefits are paid by the Veteran's Administration to disabled members of the armed forces or to survivors of deceased veterans. This income should be verified by award letter, check stub or other source of verification from the approving authority. If a problem occurs in verification of these benefits, the agency may call 1-800-827-1000 to obtain information on VA benefits.

**WORKERS COMPENSATION**

Compensation received periodically from public or private insurance companies for injuries incurred at work. The cost of this insurance must have been paid by the employer and not the employee. This income may be verified by award letter, check stub or other source of verification from the approving authority.

**NON RECURRING LUMP SUM**

If the gross amount received in the thirty (30) days prior to the date of application includes any amount above \$5,000 received through life insurance, Social Security, inheritances, lawsuit settlements, etc. or \$1,200 received from gambling/lottery winnings, the income is to be annualized.

**Calculate:** The total amount of the lump sum should be divided by twelve (12) and applied to the application (Form 805) for the next twelve (12) months. Please note: the applicant may deduct documented legal expenses from the lump sum received.

**11. OTHER (NOT COUNTED IN ELIGIBILITY)****CONTRIBUTIONS**

A contribution is money received from a source outside of the family with no intent to re-pay.

**COUNTY/STATE/FEDERAL ADOPTION ASSISTANCE**

All Adoption Assistance paid to the parent/guardian of an adopted child should not be counted in calculating monthly gross income and may be declared by the applicant.

**FOSTER CARE PER DIEM**

Foster care per diem is paid by the Family and Social Service Administration to the guardian of a child considered a ward of the court for purpose of providing for the child's immediate needs. This income is not recorded on the application (Form 805).

### **HEALTH/DENTAL/ VISION INSURANCE BENEFITS CONSIDERED PART OF GROSS INCOME**

Health insurance benefits are not counted when you can see a separate line item for benefits counted into the gross wages but shown as deducted under the deduction side of the paycheck.

### **WORK STUDY INCOME**

Work study grants are not considered income and should not be counted in calculating monthly gross income. Student in a Work/Study program should be reported as participating in an education/training program. Income from Work/Study may be declared.

## **INCOME SOURCE CODES (Box #3)**

The Intake Agent shall enter all sources of income received in the previous thirty (30) days. This income shall be documented on the Form 805 (Application). Income shall be recorded in the following categories:

1. Wages/Employment
2. TANF
3. Other State Funding
4. Housing Voucher/Cash Assistance
5. Food Stamps
6. SSI or other Federal cash program
7. Pension
8. Unemployment
9. Child Support
10. Other (interest, trust, etc.)
11. Other (not counted in eligibility)

(#3, 4, 5 or 11 are not counted toward eligibility)

## **SECTION D**

### **Education Level**

This section of the application collects household member statistical data with regard to education. It is a required Federal Data component.

#### **NAME (Box #1)**

A selection must be made in the Intake Software which identifies the appropriate family member. Educational data is collected for only the adult household members.

#### **HIGHEST GRADE COMPLETED (Box #2)**

The Intake Agent should select the most appropriate response from the drop-down. This information may be declared.

#### **HIGHEST DEGREE ATTAINED (Box #3)**

The Intake Agent should select the most appropriate response from the drop-down. This information may be declared.

#### **START DATE (Box #4)**

If the household member is currently enrolled in school (secondary, post-secondary, trade school or other educational program), the intake agent shall enter the start date of the current semester.

Verification of semester dates may be in the following form:

- Registration form
- School schedule which may be printed from school website
- Statement on school letterhead

## **END DATE (Box #5)**

If the household member is currently enrolled in school (secondary, post-secondary, trade school or other educational program), the intake agent shall enter the end date of the current semester.

Verification of semester dates may be in the following form:

- Registration form
- School schedule which may be printed from school website
- Statement on school letterhead

## **RECEIVING PRESCHOOL SERVICES (Box #6)**

The Intake Agent shall ask the applicant if their children under the age of six (6) will receive preschool service through their intended provider. This should be entered at the end of the adult line.

## **SECTION E**

### **Signature**

#### **SIGNATURE OF APPLIANT**

The Intake Agent shall ensure the applicant signs the application (Form 805) or a Parent Worksheet.

#### **DATE (MONTH, DAY, AND YEAR)**

The Intake Agent shall ensure the applicant dates the application (Form 805) or Parent Worksheet. This date shall determine the appropriate thirty (30) days income. The Intake Agent shall include *all* appropriate sources of income received in the thirty (30) days prior to the application date.

#### **TANF IMPACT REFERRAL DATE**

The Intake Agent shall record the date the TANF Impact referral was provided.

#### **SIGNATURE OF AGENCY**

The Intake Agent shall sign the application (Form 805) at time of completion.

#### **DATE (MONTH, DAY, AND YEAR)**

The Intake Agent shall date the application (Form 805) indicating the date of completion.

#### **ORIGINAL DATE OF APPLICATION**

The date field will be automatically filled by the Intake Software.

## **DATE CHILD CARE SUBSIDY BEGINS**

The Intake Agent shall select a subsidy begin date appropriate for the applicant. Child care benefits may begin no more than two (2) weeks prior to the application date for TANF Impact clients. The subsidy begin date for Non-TANF Impact clients must occur the week of application or the week following.

## **DATE CHILD CARE SUBSIDY ENDS**

The Automated Intake Software will provide a default subsidy end date six (6) months from the subsidy begin date. The Intake Agent must manually select a subsidy end date if less than six (6) months. If the applicant's service need does not indicate six (6) months of need, the Intake Agent must assure child care vouchers are not authorized beyond the documented period of need.

## **REASONS FOR SHORTENED SUBSIDY END DATES**

When the Intake Agent has determined the applicant will have an anticipated change in eligibility, the Intake Agent **must** select a subsidy end date to correspond with the documented service need. This process will ensure an applicant is not determined eligible beyond the documented service need period. The Intake Agent may, in certain circumstances, utilize the default subsidy end date and control child care subsidy at the voucher level. This may be done if the applicant has a new job, attends an educational program with terms less than eight (8) weeks, or the applicant has uncertain circumstances warranting only eight (8) weeks of subsidy.

### **JOB SEARCH**

Non-TANF Impact clients may have up to four (4) weeks of job search beginning one day after loss of employment or completion / withdrawal from an educational program. A non-TANF Impact applicant is not eligible for CCDF upon initial application under the job search category. However, if an active, non-TANF Impact family loses their job during their identified subsidy period, they may update their situation and be allow four (4) weeks of job search activity.

### **TANF-IMPACT CLIENTS**

A TANF Impact client's subsidy period must correspond to the Impact caseworker's identified activity begin and end date regardless of the activity. If the TANF Impact referral does not include an activity begin and end date, the referral should **not** be considered valid.



## **NEW EMPLOYMENT**

If an applicant applies for services but is not able to provide the previous thirty (30) days income from their current employer, the job is considered a “new job”. Because income verification is based on an applicant’s previous thirty (30) days income, the applicant must be re-evaluated when thirty (30) days income from their new employer can be verified. Therefore, the intake agent may only issue child care vouchers for eight (8) weeks. When the applicant has provided a full thirty (30) days income, the client is eligible for a full six (6) month subsidy period if there are no other uncertain circumstances.

NOTE: Verification of income should include previous employment wages as well as unemployment, if any have been received in the previous thirty (30) days.

## **DOCUMENTING NEW EMPLOYMENT**

To document new employment, the client may provide:

- Employer statement prepared on company letterhead or includes the EIN number of the business or has the manager’s business card and includes:
  - Date hired
  - Anticipated work hours
  - Anticipated date of first paycheck
  - Employer signature
- Pay stub with individual’s identifying information. Childcare hours shall be based on the hours indicated on the pay stub.

## **INCOMPLETE THIRTY (30) DAYS INCOME**

If an applicant presents wage verification which does not reflect a full thirty (30) days income, the intake agent shall issue child care vouchers for eight (8) weeks at which time the applicant must update their income. When the applicant has provided a full thirty (30) days income, the client is eligible for a full six (6) month subsidy period if there are no other uncertain circumstances.

## **UNCERTAIN CIRCUMSTANCES**

If an applicant’s circumstances are uncertain, the Intake Agent should plan to verify the applicant’s financial and service need at appropriate intervals to ensure the client remains eligible for assistance. Periodic verification should continue as long as the applicant’s circumstances remain uncertain. *If a client has zero income or no visible means of support, an update should be conducted every eight (8) weeks until the questionable circumstances are resolved.*

## **NAME OF AGENCY**

This field will be populated by the Intake Software.

## **ELIGIBILITY DETERMINATION DATE**

This field will be populated by the Intake System.

## **RE-DETERMINATION DATE**

This field will be populated by the Intake Software. The date determines the first possible date the applicant may complete a re-determination. It is the responsibility of the Intake Agent to notify the parent of the impending re-determination at least thirty (30) days prior to the subsidy end date which is equal to the re-determination date.

## **SECTION F**

### **Other Services Referred**

The Intake Agent will mark the appropriate boxes to indicate which services have been provided. At a minimum, the Intake Agent should provide information on the following:

- √ Resource and Referral Information with Provider Information Worksheet
- √ Complaint Process/Policies
- √ Subsidy Information

## SECTION G

### Care Giver (Child Care Provider) Information

To complete the application process, the applicant must submit a completed and signed (facsimile is acceptable) Provider Information Page. This form must be completed in its entirety including *all* charge categories relevant to the child being enrolled. If the applicant submits a Provider Information Page which does not include all relevant charges, the Intake Agent may contact the provider to obtain the missing charges. This may be done by phone or fax. If done by phone, the Intake Agent shall document the individual providing the information, the missing information, the date and the Intake Agent's initials.

Example: Child is two-years-old and will turn age three before the subsidy period ends. The Intake Agent may call the provider to obtain charges for children age three (3).

NOTE: An Intake Agent may not establish part-time hours for a provider. The provider must supply part-time charges for any child enrolled on a part-time basis.

### NAME (Box #1)

A parent will be able to select a provider who is available in the Intake Software. Providers who have not met Bureau of Child Care criteria will not be entered into the Intake Software database of eligible providers and, thereby, will not be part of the Intake Software.

Child care providers for the purpose of receiving CCDF are not considered employees of an Intake Agent, the Central Reimbursement Office (CRO), or the State of Indiana.

### ENROLLING AS A PROVIDER

CCDF providers are required to be certified and enrolled with the State to receive CCDF funding. Enrollment is intended to ensure basic protections for children.

To be an enrolled provider with the CCDF program, a provider must:

- √ Be at least eighteen (18) years of age
- √ Be legally operating under Indiana's child care regulations including having met applicable CCDF Provider Eligibility Standards
- √ Have completed a registration process
- √ Be enrolled with the CRO

A provider will enroll with the CRO after the provider has been assigned at least one childcare voucher. If the provider is unable to comply with enrollment requirements or refuses to complete enrollment information, the CCDF voucher(s) will be voided. Payment will not be made to the provider.

## **INELIGIBLE PROVIDERS**

The following individuals are not eligible to be the child's provider and cannot be reimbursed for childcare provided:

- A child's sibling living in the child's household
- A child's parent or step-parent
- A child's legal guardian

## **PARENTS AS A CHILD CARE PROVIDER**

In situations where the applicant is also a childcare provider, and childcare is requested outside of the facility, the following limitations apply:

- Legally-licensed exempt providers are not eligible for CCDF benefits
- Licensed childcare home providers may receive CCDF benefits until the child(ren) reach the age of seven
- Licensed childcare center owners may receive CCDF benefits

## **PARENTS WORKING IN A CHILDCARE FACILITY**

In situations where the applicant is also employed by a childcare provider, the applicant may be eligible for benefits if the following conditions are met:

- ✓ The employer is a Licensed Child Care Center, Unlicensed Registered Child Care Ministry, Legally-licensed Exempt Child Care Facility or a Licensed Child Care Home when the child is attending a home other than the facility where the parent works.
- ✓ The applicant is not responsible for their own child(ren) for any part of the childcare day, including the parent's presence in the same room or outdoor play area as the child receiving benefits.
- ✓ The facility owner/director provides a written statement indicating the parent WILL NOT be responsible for their child(ren) prior to authorizing childcare with the provider. Parent signature is needed and statement will be kept in the applicant file.

## TELEPHONE (Box #2)

This information will be populated by the Intake Software. A CCDF provider is required to maintain a phone line. CCDF providers should secure a land-line phone which is not digital to ensure proper operation of the Point of Service (POS) device.

## SOCIAL SECURITY NUMBER (Box #3)

This information will be populated by the Intake Software. The provider is NOT required to disclose their entire social security number on the Provider Worksheet. The provider may disclose only the last four digits of the social security number which may be verified through the Intake System.

## DOING BUSINESS AS (Box #4)

This information will be populated by the Intake Software. The Intake Agent may use this information to search for an eligible provider; however, this information should not be used exclusively.

## ADDRESS (Box #5)

The Intake Agent should carefully select the childcare provider based on the information on the Provider Information Page. **Some providers have multiple facilities, therefore, it is imperative the Intake Agent verifies childcare is assigned to the exact location indicated on the Provider Information Page and confirms the location with the applicant.**

### PROVIDERS WITH MULTIPLE LOCATIONS

Providers are to care for a child at the site to which the child was assigned by the Intake Agent. Providers with multiple sites must have custodial adults use the Point of Service (POS) devices assigned to the specific site in order to electronically document attendance. The POS device should be located in the facility where child care is assigned. The provider must ensure **children attend and are claimed at the site to which they are assigned.**

### PROVIDERS WHO MOVE

If a provider moves to a new facility, the provider must demonstrate compliance with applicable CCDF Provider Eligibility Standards prior to accepting payment for care provided at the new address. Custodial adults must contact the Intake Agent to change

their childcare vouchers to the provider's new address prior to the effective date of the change. The Intake Agent will not be able to complete the request until the new facility appears in the Intake Software. This will not happen until the provider has met all requirements for participation. Once vouchers have been assigned to the new address, the provider must contact the CRO for assistance in programming their Point of Service (POS) device to reflect the change in address.

NOTE: If a provider moves without prior notification, there may be an interruption in payment or the provider may be paid for childcare determined to be inappropriate and require repayment. If a provider begins to care for children prior to demonstrating compliance with applicable CCDF Provider Eligibility Standards, the provider may not be paid for services provided.

The Intake Agent shall report discrepancies in addresses to the appropriate authorizing agency.

Licensed Providers – Contact the appropriate licensing consultant

Unlicensed Registered Ministry – Contact the appropriate Sanitarian

Legally-license Exempt Providers- Contact The Consultant's Consortium (TCC)

### **CITY (Box #6)**

This information will be populated by the Intake Software based on the Intake Agent's address selection.

### **ZIP CODE (Box #7)**

This information will be populated by the Automated Intake Software based on the Intake Agent's address selection.

### **COUNTY (Box #8)**

This information will be populated by the Intake Software based on the Intake Agent's address selection.

## **TYPE OF CARE (Box #9)**

Childcare reimbursement is only authorized to certified and enrolled providers. Certified is defined as a childcare provider meeting CCDF Provider Eligibility Standards **and** is either regulated by the state (licensed child care center, licensed family child care home, or an unlicensed child care ministry) or provided by legally license-exempt providers.

### **ACCREDITED PROVIDERS**

Accredited providers have entered a voluntary system which evaluates their childcare program against specific criteria in areas of curriculum, health and safety, parent communication, and staff qualifications which has been validated by a nationally recognized early childhood organization. These providers are eligible for a higher rate of reimbursement in recognition of this commitment to quality child care.

The Bureau of Child Care recognized the following accrediting bodies:

- COA – Council on Accreditation
- NAA – National After-school Accreditation
- NAEYC – National Association for the Education of Young Children
- NAFCC – National Association of Family Child Care
- NECPA – National Early Childhood Program Accreditation

### **LICENSED PROVIDERS**

The following are the three categories of licensed child care:

**Licensed Child Care Centers** (IC 12-7-2-28.4) – a non-residential building where at least one child receives child care from a provider:

- a. while unattended by a parent, legal guardian, or custodian;
- b. for regular compensation; and
- c. for more than four hours but less than 24 hours in each of ten consecutive days per year excluding intervening Saturday, Sunday, and holidays.

The term includes a non-residential building where child care is provided to one child if the provider has applied for a license under IC 12-17.2-4-et seq. and meets the requirement of IC 12-17.2-4.

**Licensed Class I Child Care Home** - a child care home that serves any combination of full-time and part-time children, not to exceed at any one time 12 children plus three children during the school year only who are enrolled in at least grade one. The addition of three school age children may not occur during a break in the school year that exceeds four weeks. (470 IAC 3-11 and 470 IAC 3-1.2 as well as the requirements of IC12-17-2-33.7.) (Some child care homes may be licensed for only ten (10) children.)

**Licensed Class II Child Care Home** - a child care home that serves more than 12 children, but not more than 16 full-time and part-time children at any one time. A licensee who provides Class II child care shall meet all the requirements of 470 IAC 3-1.1 and 470 IAC 3-1.2 as well as the requirements of IC 12-17.2-5-6.5.



**LEGALLY LICENSE-EXEMPT PROVIDERS**

The following are exempt from licensure per IC 12-17-.2-2-8.

1. A program for children enrolled in grade kindergarten through 12 that is operated by the Department of Education or a public or private school.
2. A program for children who become at least three years of age as of December 1 of a particular school year (as defined in IC 20-10.1-2-1) that is operated by the Department of Education or a public or private school.
3. A nonresidential program for a child that provides child care for less than four hours a day.
4. A recreation program for children that operates for not more than 90 days in a calendar year.
5. A program whose primary purpose is to provide social, recreational, or religious activities for school age children, such as scouting, boys club, girls club, sports, or the arts.
6. A program operated to serve migrant children that:
  - provides services for children from migrant worker families; and
  - is operated during a single period of less than 120 consecutive days during a calendar year.
7. A child care ministry registered under IC 12-17.2-6
8. A child care program operated by a public or private secondary school that:
  - provides day care on the school premises for children of a student or an employee of the school;
  - complies with health, safety, and sanitation standards as determined by the division under IC 12-17.2-2-4 for child care centers or in accordance with a variance or waiver of a rule governing child care centers approved by the division, under IC 12-17.2-2-10; and
  - substantially complies with the fire and life safety rules as determined by the state fire marshal under rules adopted by the division under IC 12-17.2-2-4 for child care centers or in accordance with a variance or waiver of a rule governing child care centers approved by the division under IC 12-17.2-2-10.
9. A child care home if the provider:
  - does not receive regular compensation;
  - cares only for children who are related to the provider
  - cares for less than six children, not including children for whom the provider is a parent, step-parent, guardian, custodian, or other relative
  - operates to serve migrant children.

Related for purposes of IC 12-17.2 and IC 12-17.4 means any of the following relationships to an individual who is less than 18 years of age by marriage, blood, or adoption:

- |                     |                 |
|---------------------|-----------------|
| 1. Parent           | 7. Step-brother |
| 2. Grandparent      | 8. Step-sister  |
| 3. Brother          | 9. First cousin |
| 4. Sister           | 10. Uncle       |
| 5. Step-parent      | 11. Aunt        |
| 6. Step-grandparent |                 |

### **UNLICENSED REGISTERED CHILD CARE MINISTRIES**

Unlicensed Registered Child Care Ministry” is defined as child care provided as an extension of a church or religious ministry that is a religious organization exempt from federal income taxation under Section 501 of the Internal Revenue Code, unlicensed but registered with the Division of Family Resources (DFR) and state fire marshal’s office pursuant to IC 12-3-2-12.7(c). The registered day care ministry must pay a \$50.00 annual fee to the state fire marshal and a \$50.00 annual fee to the DFR. A day care ministry is exempt from registration for any of items 1 through 6 listed in IC 12-17.2-2-8.

### **CARE PROVIDED IN A CHILD’S HOME BY A RESIDENT (Relative Care)**

Child care provided by an individual provider who resides in the child’s home is defined as RELATIVE CARE. Reimbursement may only be made, in these situations, to the child’s grandparent, great-grandparent, aunt, or uncle. The provider must be related by law, blood, or court decree. **Parents, stepparents and legal guardians are not to be reimbursed for the care of their own children.** Siblings are not eligible providers. The reimbursement rate for relative care is the same as the Legally License-Exempt Provider (LLEP) home rate and is **reimbursed to the provider.**

### **CARE PROVIDED IN A CHILD’S HOME BY A NON-RESIDENT (In-Home Care)**

Child care provided by an individual provider who comes into the child’s own home is defined as IN-HOME CARE (or NANNY CARE). This provider may not reside at the child’s address; this individual is a non-resident. Parents, stepparents and legal guardians are not to be reimbursed for the care of their own children.

IN-HOME CARE is available only for families in which three or more related children require child care. The children all must be members of the same family and related to each other by blood or law. Exceptions may be made for the following situations:

- Foster children residing in the same foster home
- Children who are medically fragile and need care in their own home (with proper documentation).

**REIMBURSEMENT FOR IN-HOME CARE (Nanny Care)**

The reimbursement rate for In-Home care is calculated per family at an hourly rate *consistent with the current federal minimum wage*. This means there is one rate for all siblings. *Reimbursement is limited to no more than 40 hours of care per week (Sunday through Saturday) and should be based on the child with the greatest need for care. The market rate does not apply in this situation.*

For instance, if the minimum wage is \$5.85/hour and four children need 40 hours of care:

$$\frac{\$5.85}{\text{Number of Children}} = \text{Hourly rate for childcare}$$

*NOTE: For specific information on creating nanny care vouchers, consult the Intake Software manual.*

Reimbursements for In-Home care must *be paid to the parent* and not the provider of care who is classified by the Internal Revenue Service (IRS) as a domestic service worker. *Two party checks to both parent and provider will not be given.*

In this type of care situation, the parent is considered the employer of the provider. Reimbursement is to be made to the parent upon receipt of the child(ren)'s electronic attendance verification. The parent is responsible for reimbursement to the provider and any applicable IRS tax withholding and reporting requirements. Reimbursements to parents for in-home care reimbursement are considered as public assistance and not as income; therefore, the Internal Revenue Service Form 1099 is **not** to be issued to the parent or to the provider.

Failure of the parent to pay the provider will result in termination of the family from the program.

**LICENSED/REGISTERED (Box #10)**

This information will be populated by the Intake Software if the Intake Agent selects an eligible licensed or registered provider.

**CLASS I HOME**

Legal care in a Class I home allows a maximum of twelve (12) full-time children and three (3) part-time school-age children at any one time. The Intake Agent must submit a request to the CCDF Policy Consultant on behalf of the childcare provider to receive an additional three (30 part-time school-age children.

**CLASS II HOME**

Legal care in a Class II home allows sixteen (16) children at any one time.

**SHIFT CARE INFORMATION**

A licensed provider may decide to offer childcare services during several shifts of a twenty-four (24) hour day. **However, effective February 1, 2003, CCDF children are to be assigned, according to their service need, to one of two (2) twelve (12) hour shifts. The provider may not enroll more than their licensed capacity during either twelve (12) hour shift. The shifts are:**

Shift One - 6:00 AM to 6:00 PM

Shift Two – 6:00 PM to 6:00 AM

A child who needs care that would overlap during these shifts shall be assigned to **both** shifts. For example: a child who needs childcare from 3:00 PM to 11:00 PM should be assigned to both shift one (1) and two (2) as his/her attendance would increase the capacity of the provider during both shifts.

**LEGALLY LICENSE-EXEMPT (Box #11)**

This information will be populated by the Intake Software if the Intake Agent selects an eligible legally license-exempt home provider.

NOTE: A legally licensed-exempt home provider may only receive CCDF subsidy for five (5) children enrolled in their childcare program regardless of their legal status as a provider caring for more than five (5) children.

**NOTES (Box #12)**

This field will remain empty.

## SECTION H

### Child Care Needs / Expenses for Family

This section will be completed utilizing the Provider Information Page as well as the service need documentation of the applicant.

#### GENERAL INFORMATION

Payment for subsidized child care is based on the Division of Family Resource's "Child Care Income Eligibility Determine and Sliding Fee Schedule" form. Families with gross monthly income above 100% of poverty are required to pay a co-payment. Families at 100% of poverty or below will have a zero co-payment.

The fee schedule illustrates the fee for one unit of care defined as one week of care (Sunday through Saturday). The weekly co-payment is determined at the time of the interview and is not based on actual attendance. When families have multiple children, the co-payment is based on the child requiring the most care.

The family pays the fee to the provider directly. **The family is responsible for the co-pay amount determined at eligibility determination, regardless of future attendance.** The provider is responsible for collecting the fee from the parent. Failure to pay family fees may result in termination of the child(ren) from the program.

A family may be terminated from the CCDF Voucher Program for failure to pay their co-payment if such failure is reported to the Intake Agent within thirty (30) days.

#### CHILD'S NAME (Box #1)

The Intake Agent shall select the appropriate name from the Intake Software drop-down. These names will include the names of all minor household members marked as needing childcare services.

#### PROOF OF SPECIAL NEEDS (Box #2)

Documentation of a child with special needs must be made by evidence of enrollment in one or more of the following program or services:

- Children with Special Health Care Services;
- First Steps Early Intervention System;

- Public School Special Education;
- Supplemental Security Income (SSI);
- Head Start (those professionally diagnosed children with disabilities).

With parental consent, a copy of the program enrollment forms may be obtained and used as documentation of special needs. Benefit letters, enrollment numbers, or program cards can also be used as documentation of enrollment. For children age thirteen (13) or over, the required special needs documentation must indicate the child's need for adult supervision at all times.

If documentation/verification of enrollment in at least one of the above indicated programs cannot be obtained, the child will not be considered as a child with special needs until the documentation/verification can be provided. Provider and/or parents cannot self-declare a child has special needs.

### **ADDITIONAL COST FOR SPECIAL NEEDS (Box #3)**

Not all child care programs may need an increased reimbursement rate to meet the child care costs of a child with special needs. Many children with special need can be included with no additional cost to the provider.

In order to calculate the actual childcare costs for a child with special needs, *the provider is to document and maintain accounting records reflecting **only legitimate costs directly related to childcare services, per individual child, which do not include services associated with the child's individual disability funded by other sources, or the elected choice of the parent. Only those childcare costs not associated with the American's With Disabilities Act (ADA) accommodation may be integrated into the cost structure.*** For questions regarding legitimate expenses, contact your CCDF Policy Consultant.

Once a child is verified as having special needs and the provider has documented additional childcare related expenses are necessary to provide childcare to the child, the Central Reimbursement Office (CRO) may reimburse up to, but **not exceeding 10%, over/above the market rate** in accordance with the child's age category/care setting.

The Intake Agent is to keep the child's eligibility for the special needs rate and the provider's documentation on file. Justification for the increased rate and the child's eligibility for the increased rate must also be maintained on site in the child's file for audit review. The increased reimbursement rate for children with special needs must be reviewed at each re-determination.

Routine claim procedures are to be followed. Reimbursement will be made only for approved childcare services provided by an eligible provider for as long as funds are available and the child remains eligible.

## **TOTAL HOURS OF CARE (Box #4)**

After reviewing all verification documentation, the Intake Agent (not the applicant or provider) must determine the appropriate amount of childcare.

When determining service need, the Intake Agent will also determine the amount of child care needed through evaluation of the adult family member's service need

This determination is based on the amount of time the applicant participated in their activity, their travel to and from their activity, and the amount of time the applicant anticipates they will spend studying, if applicable. The following limits apply:

- Travel time should not exceed two (2) hours per day
- Study time should not exceed two (2) hours per credit hour or two (2) hours per hour of participation

Other factors which must be taken into consideration include the provider's hours of operation (found on the Provider Information Page) compared to the parent's hours of need and comparison of both applicant's schedules when relevant. The Intake Agent must document their calculation of service need hours in the applicant file. Sample worksheets may be found in the back of this manual.

### **EVENING WORK SCHEDULES**

If an applicant's work hours cross over a midnight, they may request childcare to provide an opportunity for rest if child care is not needed during work hours. The amount of care authorized must correspond with their documented service need.

## **EMPLOYMENT**

Child care may be paid for children when their parent/guardian is participating in an employment activity. These activities may be conducted through an employer or considered self-employment. Applicants must be able to document wages including the number of hours worked before care can be authorized.

### **DOCUMENTATION OF EMPLOYMENT SERVICE NEED**

The Intake Agent must calculate the applicant's childcare need based on the documented hours worked.

$$\frac{\text{Total hours worked in the previous thirty (30) days}}{\text{Divided by number of weeks worked}}$$

This equation provides the hours needed for employment. The Intake Agent should then ask the applicant the average number of days per week the applicant works. The Intake Agent may provide travel time based on the number of days not to exceed two (2) hours per day.

### **DOCUMENTATION OF SELF-EMPLOYMENT SERVICE NEED**

Childcare may be paid for children when their parent/guardian is conducting self-employment activities, however, the applicant must be able to show revenue. Self-employment activities may take place in or out of the home. Applicants must declare the amount of child care needed.

### **NEW EMPLOYMENT**

To document new employment, the client may provide:

- Employer statement on company letterhead or including EIN number or manager's business card and:
  - Estimated hours per week
  - Date of pay
  - Anticipated date of first paycheck
  - Employer signature
- Pay stub with individual's identifying information. Childcare hours shall be based on the hours indicated on the pay stub.

### **JOB SEARCH**

The length of time and hours of childcare provided will vary depending on the individual's status.

#### **TANF IMPACT CLIENTS**

TANF Impact clients are eligible for job search for the time period authorized by their Impact caseworker unless the Intake Agent is notified the applicant is no longer eligible. A TANF Impact client is eligible for thirty (30) hours of child care.

#### **NON-TANF IMPACT CLIENT**

Non-TANF Impact clients are not eligible for job search upon initial applicant to the CCDF Voucher program, however, if a non-TANF Impact client reports a loss of service need timely they may be eligible for job search. The applicant's child care vouchers shall remain as previously authorized. A Bureau of Child Care Job Search Request Form must be signed at the time of request. Childcare may be continued for four (4) weeks.

The Parent Rights and Obligation requires the applicant to notify the Intake Agent of loss of service need within ten (10) calendar days. When an Intake Agent is notified timely a parent is unemployed, facing unemployment, or is no longer attending school, the applicant is to be asked what the new service need will be. If the applicant indicates they will be job searching, the applicant should be informed childcare can be authorized for job search activities for up to four (4) weeks. **Please note: Failure to report service need loss within ten (10) calendar days will forfeit the applicant's right to job search and render any childcare benefits received after the date of loss an inappropriate payment which will require the applicant to repay any childcare paid on their behalf.**



## **EDUCATION / TRAINING**

Distance learning, which could include correspondence or internet learning, **is** a valid service need if conducted through an accredited program.

Utilizing the applicant's school schedule, letter or other registration documentation, the Intake Agent shall determine the childcare need.

### **SCHEDULE INCLUDES CREDIT HOURS**

When participation is determined by the number of credit hours a student is enrolled, the Intake Agent shall authorize childcare based on the following:

- One (1) hour per credit hour, plus
- No more than two (2) hours per credit hour for study, based upon the student's request, plus
- No more than two (2) hours of travel per day in class, based upon the student's request.

### **SCHEDULE STATED AS PARTICIPATION HOURS**

When participation is listed as hours in class, the Intake Agent shall authorize child care based on the following:

- One (1) hour per hour in class; plus
- No more than two (2) hours per hour in class for study, based upon the student's request, plus
- No more than (2) hours of travel per day in class, based upon the student's request.

### **CLINICAL, PRACTICUM, AND INTERNSHIP ACTIVITIES**

When a student is participating in required activities which are not reflected on their registration, the Intake Agent may authorize childcare to support these activities as documented by the student's instructor.

- One (1) hour for every hour in participation
- No more than two (2) hours of travel per day in class, based upon the student's request.

## **TANF IMPACT CLIENT**

The amount of child care authorized for a TANF Impact client should be based on a minimum of thirty (30) hours, unless otherwise indicated on the childcare referral by the Impact caseworker.

## FOSTER FAMILY

The amount of child care authorized for a foster parent should be calculated in the same manner as other custodial adults. Therefore, the foster parent shall be required to document a full thirty (30) days income or appropriate service need documentation.

## SERVICE NEED HOURS/DAYS (Box #5)

When childcare has been determined, the Intake Agent shall create vouchers to support the service need. When creating vouchers, the service need must be entered as a unit of days and a unit of whole hours. The Intake Agent should choose the combination of days/hours which best meets the applicant's need. The Intake Agent should consider the impact of an applicant's failure to utilize a voucher fully when creating vouchers. Applicant's attending less than full-time will receive only one-half the authorized subsidy for a pay period unless the parent has use of a personal day. **Therefore, it is imperative an applicant's subsidy is appropriately determined and accurately reflects documentation of service need provided at the time of application.**

## FULL TIME CARE

### NON-SCHOOL AGE CHILDREN

Full time care is defined as twenty-five (25) hours or more per week, for **non school-age children**. When the child care provider charges a flat weekly rate, the child must attend a minimum of twenty-five (25) hours per week, Sunday through Saturday, to qualify for the flat weekly rate. For children enrolled on a daily basis (four (4) hours or more) or hourly basis, reimbursement can be made only for the time a child is in attendance. *Reimbursement for care can never exceed the full time weekly market rate.*

### FULL DAY KINDERGARTEN

Children who attend *all day public school kindergarten* are considered full time, school age children for market rate purposes. The same rules for school age children apply in these cases.

### SCHOOL-AGE CHILDREN (SCHOOL YEAR)

Full time care for school-age children is defined as fifteen (15) hours or more per week, Sunday through Saturday, during the school year when school is in session. When a school-age provider charges a flat weekly rate, the full weekly rate can be paid for the school-age children who attend at least fifteen (15) hours per week, Sunday through Saturday, during the school year when school is in session. For children enrolled on a daily (three (3) hours or more) or hourly basis, reimbursement can be made only for the time the child was in attendance. *Reimbursement for care can never exceed the full-time weekly market rate.*

**SCHOOL-AGE OTHER CHILDREN (SUMMER & NON-TRADITIONAL)**

During the summer when school is not in session, and for care provided when an applicant works non-traditional hours any time during the calendar year, full time care for school-age children is defined as twenty-five (25) hours or more per week. For children enrolled on a daily (four (4) hours or more) or hourly basis, reimbursement is to be made only for the time a child is in attendance. *Reimbursement for care can never exceed the full-time weekly market rate.*

NOTE: School-other rates may also be paid for school-age children for the period of time when school is not in session. This time includes: summer vacation only. Exception: Children attending year-round school are eligible for school-other rates when the break in school is greater than two (2) weeks or has been approved by a BCC Policy Consultant.

**PERSONAL DAYS**

When enrolled *full-time with a full-time weekly subsidy*, each family is allowed *twenty (20) personal days per child during their enrollment year* for which reimbursement can be made if a child is absent. The personal days can be used at the parent's discretion. The Intake Agent is expected to explain personal day usage to the applicant at time of enrollment.

NOTE: Personal days may be used for days the provider is open for business, the child was scheduled to attend, and the child did not attend any portion of the day.

Parents have the option of choosing when they want to use their twenty (20) personal days for each child. Once the twenty (20) days are exhausted (for each child), the parent is responsible to pay for any days the child does not attend. **Personal days may not be used to provide two-week notice.** Any requirement for notice is between the parent and the provider.

**Children with Special Health Needs:** For children with special health situations (i.e. prolonged illness or injury) the treating physician is to document the child's needs for treatment and/or recuperation. This prescribed time may result in absences in excess of twenty (20) days. The Intake Agent and parent must work closely on the length of the absence. Documentation and request for a waiver must be submitted to the CCDF Policy Consultant for consideration.

**HOLIDAYS**

Reimbursement may be made to providers with an established written policy to charge all consumers for days they are closed due to a holiday. The provider may be reimbursed by

the CCDF program for up to six (6) days per calendar year, per child, for children enrolled with a full-time weekly rate. The facility must be closed to be paid for the holiday. The provider must select the holidays, in advance, by completing the required documentation provided by the Central Reimbursement Office.

NOTE: A child must be in attendance at least one day, in the previous two (2) weeks, prior to the holiday to be paid for the holiday.

## **CHARGES (Box #6)**

A provider may not charge more for services provided to a CCDF child than they charge for similar services to other children.

The parent must supply a Provider Information Form signed by their chosen provider. This form must be completed in its entirety including *all* charge categories relevant to the child being enrolled. If the applicant submits a Provider Information Page which does not include all relevant charges, the Intake Agent may contact the provider to obtain the missing charges. This may be done by phone or fax. If done by phone, the Intake Agent shall document the individual providing the information, the missing information, the date and the Intake Agent's initials.

Example: Child is two-years-old and will turn age three (3) before the subsidy period ends. The Intake Agent may call the provider to obtain charges for children age three (3).

NOTE: An Intake Agent may not establish part-time charges for a provider. The provider must supply part-time charges for any child enrolled on a part-time basis.

The Intake Agent shall enter the appropriate charges (weekly, daily, or hourly) based on the identified service need.

### **IN-HOME OR NANNY CARE REIMBURSEMENT**

The reimbursement rate for In-Home care is calculated per family at an hourly rate *consistent with the current federal minimum wage*. This means there is one rate for all siblings. *Reimbursement is limited to no more than 40 hours of care per week (Sunday through Saturday). The market rate does not apply in this situation.*

For instance, if the minimum wage is \$5.85/hour and four children need 40 hours of care:

$$\frac{\$5.85}{\text{Number of Children}} = \text{Hourly rate for childcare}$$

*NOTE: For specific information on creating nanny care vouchers, consult the Intake Software manual.*

Reimbursements for In-Home care must *be paid to the parent* and not the provider of care who is classified by the Internal Revenue Service (IRS) as a domestic service worker. *Two party checks to both parent and provider will not be given.*

In this type of care situation, the parent is considered the employer of the provider. Reimbursement is to be made to the parent upon receipt of the child(ren)'s electronic attendance verification. The parent is responsible for reimbursement to the provider and any applicable IRS tax withholding and reporting requirements. Reimbursements to parents for in-home care is considered public assistance and not as income; therefore, the Internal Revenue Service Form 1099 is **not** to be issued to the parent or to the provider.

Failure of the parent to pay the provider will result in termination of the family from the program.

### **INCREASED FEES**

If a provider increases their rates or becomes eligible for a higher market rate, the change may only take place at the time of CCDF family re-determination. A provider achieving accreditation, through an approved Bureau of Child Care (BCC) accrediting body, is offered an exception to the rule. Once approved, the provider must submit a new Provider Information Page to the Intake Agent for each child affected by the new provider charges. The Intake Agent will have a maximum of five (5) business days to complete these changes. If the Provider Information Page is not received by the Intake Agent within thirty (30) days of BCC approval, the change will only take place at the time of CCDF family re-determination.

### **OTHER COSTS**

Registration costs, mandatory fees and other optional child care expenses, such as art and gymnastics programs or transportation costs, **cannot be paid** through the CCDF program.

## **MARKET RATE (Box #7)**

Although childcare reimbursement is based on the individual provider's charge for service, there are established maximum reimbursement rates. These maximum rates are determined by a local market rate survey of Indiana licensed child care providers.

### **HOW RATES ARE DETERMINED**

Survey results are compiled for each county through the oversight of the Division of Family Resources (DFR). Maximum county rates are established for full time weekly, daily, and hourly charges for center care, as well as, for childcare homes. Separate market rates are established for providers accredited by a recognized body, licensed and legally exempt childcare providers. The market rate table also reflects the above rates for each age category. The rates established are the maximum reimbursed for subsidized childcare programs administered through the DFR.

The established market rates are automatically entered into the Intake Software. Should the Intake Agent discover any market rate errors in the software, the CCDF Policy Consultant should be contacted immediately.

### **MARKET RATE CATEGORIES**

- Infant – a child 0 to 11 months of age
- Toddler – a child 12-35 months of age
- Three, Four and Five - children ages three, four or five
- Kindergarten – a child six years of age regardless of whether they are attending kindergarten or a child enrolled in kindergarten
- School-age – a child attending school for the entire day needing care during traditional hours, including children attending all day kindergarten
- School-age other – a child attending school for the entire day needing care during non-traditional hours or a child attending school currently on summer break or qualifying year-round school break.

A child's voucher should be assigned a new age category the Sunday following their birthday, unless their birthday falls on a Sunday in which case the new voucher shall be assigned on the child's birthday.

### **IMPLEMENTATION OF MARKET RATES**

The local market rate survey is updated at least every two years. Final versions of the market rate are made available to Intake Agents with instructions and the date of implementation. If the provider reimbursement will be adversely affected, the Intake Agent must give a written ten (10) calendar day notice prior to any changes taking effect. If the provider reimbursement is effective after the subsidy end date of the current application, no notice is necessary.

## **OVER RATE (OVERAGE) CHARGE (Box #8)**

When the chosen provider's established rates exceed the county market rate, this difference is called an "Over-Rate or Overage Charge". It is the responsibility of the applicant to discuss this balance with the provider. The provider may waive this charge if desired.

## **FAMILY CO-PAY (Box #9)**

**DEFINITION:** A family's fee for childcare calculated using the Division of Family Resources' Child Care Income Eligibility Determination and Sliding Fee Scale.

Families with gross monthly income at or below 100% of poverty will have a zero co-payment. Families with gross monthly income over 100% are required to pay a co-payment. This weekly co-payment is determined at the time of the interview and is not based on actual attendance. When families have multiple children, the co-payment is based on the child requiring the most care.

The family pays the fee to the provider directly. **The family is responsible for the co-payment amount determined at eligibility determination, regardless of future attendance.** The provider is responsible for collecting the fee from the parent. Failure to pay family fees may result in termination of the child(ren) from the program provided it is reported to the Intake Agent within thirty (30) days.

### **INCREASED FEES**

If a co-payment is increased after an application has been signed, the applicant and provider must receive a written ten (10) calendar day notice. If this increase occurs at recertification, the increase will take effect as of the subsidy begin date without notice.

## **CHILD CARE SUBSIDY (Box #10)**

When the amount a provider charges is less than the market rate, the provider's actual charge is the maximum childcare reimbursement made under this program. When the amount charged by the provider is greater than the market rate, the maximum reimbursement made under the program is the established market rate. In these situations, the child's parent or caregiver must assume responsibility for any additional costs of care, or the provider must be willing to accept a lower rate of reimbursement.

Although many childcare providers charge on a weekly basis, there are also providers who charge daily and/or hourly rates for the services they provide. The amount of childcare subsidy allowed for care in this situation is determined based upon the actual

rate established by the childcare provider for all children in the care setting whose needs are similar to those of the child for whom the subsidy is requested. However, in **no case will the total daily or hourly subsidy reimbursed for care be greater than the full time weekly market rate. Under no circumstances can the provider's actual charge be paid if it exceeds the market rate except in documented cases of special needs. Further, the hourly rate of reimbursement should never exceed the daily rate.**

## **FUND SOURCE (Box #11)**

This field will be automatically filled by the Intake Software according to the type of application completed.

## **PROVIDER SIGNATURE AND DATE**

The Intake Agent shall ensure the provider's signature is complete and current on the Provider Information Page. This signature may be an original or a facsimile.

Once all required documentation and signatures have been obtained, the Intake Agent must print a CCDF voucher. The Intake Agent should review the voucher with the parent and instruct the parent to give the original voucher to the provider. The Intake Agent should provide a copy of the pre-voucher report to the parent and keep a copy of the pre-voucher report in the family file for their records.

NOTE: When the application process for a TANF Impact family is complete, the Intake Agent must notify the local office of the Division of Family Resources in writing the applicant has been approved for services by completing and returning the child care referral form with all appropriate information completed. If a family is denied services or fails to obtain an appointment, this information should be communicated to the local office of the Division of Family Resources in the same manner.



## ISSUING A HOOSIER WORKS FOR CHILD CARE CARD

After an application has been completed and vouchers have been created, the intake agent must issue all adult applicants a Hoosier Works for Child Care card supplied by the state. (See AIS Software Manual for specific information on activating a child care card.) When properly used, this card will transmit information to the Central Reimbursement Office electronically. This information is used to calculate the provider's child care reimbursement which is electronically deposited into the provider's bank account on the date specified.

<p>The applicant must also sign a Hoosier Works for Child Care Card Authorization Form at time of any card issuance.</p>
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*See "Hoosier Works for Child Care Cards" section for additional information about card issuance, usage, and supply maintenance.*

## **MAINTAINING A CLIENT FILE**

## **MAINTAINING A CLIENT FILE**

**ADVERSE ACTION:** An action toward a recipient that includes denial and/or termination of services, increased fees, or reduction in services. Clients and providers must be notified at least ten (10) calendar days before an adverse action can be imposed.

### **CHANGES IN FAMILY CIRCUMSTANCE Required to Report**

When signing the “Parents Rights and Obligations” form, the parent is agreeing to report changes to the Intake Agent within ten (10) calendar days from date of occurrence. Failure to report changes may result in termination of service if the applicant is no longer eligible to receive childcare services and result in repayment of childcare benefits paid on their behalf. The following changes must be reported requiring the Intake Agent to take the appropriate action.

#### **ADDRESS CHANGE**

When the applicant reports an address change, the Intake Agent shall require proof of address. Once documented, the Intake Agent may update the CCDF application without requiring an applicant signature. The applicant would remain eligible as long as the applicant has not moved from the county where services are currently being provided.

#### **PHONE NUMBER CHANGE**

The applicant may declare a phone number change to the Intake Agent. The Intake Agent shall update the application without requiring an applicant signature.

#### **CHANGE IN FAMILY SIZE**

When the applicant reports a change in household size, i.e. birth of a child, marriage, loss of a child, etc. the Intake Agent is required to complete a new application including signature on the application (Form 805) or a Parent Worksheet. This update shall include verification of service need, income and identity for the new household member, if applicable. Failure to report this change within then (10) calendar days may result in repayment of childcare benefits if the change results in the termination of childcare.

#### **CHANGE IN TANF STATUS**

When an applicant reports or the Intake Agent is notified that the applicant is no longer TANF Impact mandatory, the Intake Agent shall verify the applicant’s current service need. If the applicant documents a valid service need, their CCDF

benefits and income verification will remain unchanged for the term of the subsidy period regardless of their poverty level. However, the Intake Agent must update their TANF Impact status to reflect that they are no longer participating in Impact activities. The applicant's priority shall be changed.

## **LOSS OF SERVICE NEED**

The applicant is required to report this loss within ten (10) calendar days. Loss of service need is grounds for termination if the applicant is not eligible for job search or does not want to participate in job search activities.

### ***Applicant reports job loss within ten (10) days***

*When the applicant reports their service need loss within ten (10) days, the Intake Agent should inquire about their future plans. If the applicant states they wish to job search, the Intake Agent may continue childcare benefits for four (4) weeks if the applicant is eligible. An applicant is eligible if they have not participated in job search in the previous six (6) months and they sign a Bureau of Child Care Job Search Request form.*

## **JOB SEARCH PROCESS**

**Step 1:** Applicant reports timely a loss of service need. The Intake Agent must change the Service Need code to "5" Other. Childcare Voucher(s) will remain unchanged.

**Step 2:** The Intake Agent sends a Job Search Documentation form for the applicant to complete and return along with documentation of recent employment:

- √ Last pay stub
- √ Letter from employer
- √ Termination Notice or 'Pink Slip'
- √ Unemployment claim

**Step 3:** The Intake Agent sends the provider a ten (10) day compliance letter indicating childcare may end if documentation is not provided.

**Step 4:** If the Job Search Documentation is not returned, the application shall be terminated. If the documentation is returned, childcare may continue for four (4) weeks from the date of notification.

**Step 5:** If the applicant obtains employment within the four (4) weeks, the applicant must supply a new job letter prepared on company letterhead or including the employers EIN number or has the manager's business card which states the following:

- √ Date of hire
- √ Anticipated work hours

- √ Anticipated pay date
- √ Employer's signature

Childcare voucher(s) may be adjusted to reflect the new service need. An income update is not needed at this time nor is an applicant signature; however, an income update must be completed within eight (8) weeks.

If the applicant does not obtain employment, their application shall be terminated.

**Step 6:** The applicant must submit a full thirty (30) days income within eight (8) weeks of new hire or their application shall be terminated. To update income, the applicant must complete a new application, including signature on a Form 805 or Parent Worksheet.

### **Applicant fails to report a job loss within ten (10) days**

*When Intake Agent is made aware that an applicant has failed to report the loss of service need and no longer has a valid service need, the Intake Agent shall terminate the application with ten (10) calendar days notice to the parent and provider. Childcare paid on the applicant's behalf beyond the date of loss is deemed ineligible. The parent shall be sent a repayment agreement. (See Program Abuse section.)*

*When Intake Agent is made aware that an applicant has failed to report the lapse in service need, childcare benefits paid during the lapse are deemed ineligible. The Intake Agent shall obtain a commitment from the applicant to repay these benefits through a signed repayment agreement. Should the applicant refuse to sign this agreement, their childcare benefits shall be terminated after a ten (10) calendar day notice to the applicant and the provider.*

### **TANF IMPACT CLIENT**

If a TANF Impact client reports any changes to the Intake Agent, the Intake Agent must communicate these changes to the appropriate Impact caseworker.

The local office of the Division of Family Resources has been requested to communicate loss of service need, change in household size or family sanction status to the Intake Office for all clients participating on the CCDF program. Further, the Intake Agent should inquire about changes in TANF status as part of the applicant's interview process.

## **CHANGES IN FAMILY CIRCUMSTANCE Not Required to Report**

Applicants may report, but are not required to report, the following changes. If an applicant reports any of these changes, the Intake Agent should thank the applicant for reporting the information, but take no further action.

### **CHANGE IN SERVICE NEED**

A seamless change in service need does not have to be reported to the Intake Agent. This could be a change in employment status, full-time to part-time, or a change in employer. An applicant's income verification shall remain valid for the full-term of the subsidy period, regardless of change in poverty level.

### **CHANGE IN SERVICE TYPE**

A seamless change in service type does not have to be reported to the Intake Agent. This would include a change from education to work, work to education, etc. An applicant's service need determination shall remain valid including hours of care authorized.

### **CHANGE IN INCOME**

An applicant is not required to report any change in monthly income to the Intake Agent. This would include pay raises, receipt of bonus, receipt of lump sum payment, etc. An applicant's income verification shall remain valid for the full-term of their subsidy period, regardless of change in poverty level.

## **CHANGING CHILDCARE PROVIDERS**

A new childcare voucher must be created if a family wants to select a different childcare provider than originally chosen. The family must initiate this request with the Intake Agent, in advance by submitting a current and complete Provider Information Page. A facsimile of this form may be accepted. The Intake Agent must complete the change in the Intake Software. The Intake Agent is not required to notify the previous provider of this change.

If the applicant does not notify the Intake Agent in advance of the change, the change may be delayed resulting in lapse in childcare benefits. An Intake Agent may initiate a Data Change to complete a provider change in the past ONLY if the parent submitted and the Intake Agent received the request prior to the effective date of the change.

The Intake Agent may deny an applicant's request for a change in provider if the applicant has changed providers more than three (3) times in a calendar year unless the changes have been through no fault of the applicant.

<p>NOTE: A childcare voucher may only be changed for a future week.</p>
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## THE CLIENT FILE

The Intake Agent is responsible for the storage, accuracy and maintenance of applicant files. In addition, the Intake Agent must maintain closed applicant files for the period of time identified in their CCDF Agreement.

Files transitioned from an Intake Agent which has ceased to operate to a new grantee shall be considered accurate for purposes of eligibility until the applicant has completed a re-determination or complete update.

## REQUIREMENTS FOR A COMPLETE FILE

The Intake Agent must assure each applicant file is complete. A complete file should include the following.

- ✓ Current and previous printed application (Form 805) and handwritten application (Form 805), if applicable unless a Parent Worksheet was used at re-determination or update signed by the applicant.
- ✓ Current and previous Pre-Voucher Reports
- ✓ All current and previous verifications, including, but not limited to, identity, service need, income, residency, etc.
- ✓ Current and previous signed Provider Information Page
- ✓ Current and previous signed Parents Rights and Obligations form
- ✓ Current and previous signed Hoosier Works for Child Care Card Authorization form
- ✓ Current and previous complete TANF Referral from, if required
- ✓ Other current and previous documentation, as required.

**NOTE: Intake Agents must maintain electronic applicant notes in the Intake Software when any action or notification is made. These notes should be printed and maintained in the applicant's file.**



## **PERFORMANCE STANDARDS**

The Intake Agent is required to maintain performance standards as related to the CCDF Program. These standards are as follows:

### **PROGRAM MONITORING COMPLIANCE**

Grantee must maintain a 97% accuracy rate for program monitoring compliance in client files. An accuracy rating of less than 97% of client files reviewed may result in a repayment of the monthly administrative support fee for those active family case files with less than a 97% accuracy rate which do not result in client ineligibility.

### **PROGRAM ELIGIBILITY**

Grantee must maintain a 100% accuracy rate for program monitoring of family eligibility. An accuracy rate of less than 100% will result in a probationary status, repayment, and possible termination. (Please see CCDF Agreement for further information.)

### **INTAKE SOFTWARE**

Grantee must maintain a 97% accuracy rate for Intake Software data. (See Technical Component for more information). Failure to maintain a 97% accuracy rate may result in withholding of monthly fee until files are compliant.

## **MONITORING AND AUDIT**

The Division of Family Resources will conduct at least an annual review of CCDF recipient files to monitor compliance with CCDF rules. This review will be conducted on an open contract year. The Intake Agent will receive written notification of pending review. In addition, the Intake Agent may be audited by the State Board of Accounts. The Intake Agent will receive written notification of pending audit.

# **RE-DETERMINATION**

## RE-DETERMINATION PROCESS

The Intake Agent must conduct an eligibility re-determination with each family (both TANF and Non-TANF Impact) **at least every six months**. This requires the completion of a new Application, Form 805, as well as re-verifying and documenting the family's eligibility. A Parent Statement Form must be signed with each re-determination. A re-determination may be completed thirty (30) days before the subsidy end date, but never after.

### NOTIFICATION OF UPCOMING RE-DETERMINATION

It is the responsibility of the Intake agent to notify the parent of the impending re-determination at least thirty (30) days prior to the subsidy end date. The notification may be made using computer generated letters, or agency letters which contain similar information provided the mailing date has been documented. This notification will also serve as ten calendar day notice should the family be found as ineligible at the time of their re-determination. If a family is found to be no longer CCDF eligible, the ten-day notice period will NOT be extended past the subsidy end date.

### METHOD FOR RE-DETERMINATION

When completing a re-determination, the intake agent may use a variety of methods including:

- √ Face-to-face interview
- √ Mail
- √ Other acceptable method of collecting and documenting relevant information

Whatever method is used, the intake agent must assure all verification has been received and appropriate parent information has been reviewed.

The intake agent **MAY NOT** create a partial application for re-determination. The re-determination should not begin until all documentation has been received.

A re-determination *does not* require an applicant signature on the application (Form 805) if a face-to-face interview has not been conducted. In the absence of a signed application (Form 805) the intake must obtain a signed parent worksheet. A facsimile of the applicant's signature may be accepted.

**COMPLETING THE 805 APPLICATION**

When a face-to-face interview is not conducted at re-determination, the intake agent may conduct the parent interview in an alternate method including phone or parent worksheet. The intake agent must obtain the applicant's signature on the parent worksheet if a signature is not obtained on the application (Form 805).

For more information on conducting an applicant interview, see section:  
**APPLICATION PROCESS**

**NOTE:** Intake Agents should include a question about a family's TANF status as part of any re-determination (update) interview.

**HOOSIER WORK FOR CHILD CARE CARDS**

During a re-determination face-to-face interview, if conducted, the intake agent should ask to view the applicant's Hoosier Works for Child Care card. If the parent states they do not have their card, a replacement card should be issued. The intake agent should also remind the parent they may not leave their card with the provider or give the card to someone picking up their child. Allowing someone else to use their child care card could result in termination of benefits.

If a parent has an active child care card in their possession, it is not necessary to issue a new Hoosier Works for Child Care card. The card will continue to function once the new application has been completed in its entirety. It is not necessary for the intake agent to provide additional training at re-determination, unless requested by the parent.

# **HOOSIER WORKS FOR CHILD CARE CARDS**

## HOOSIER WORKS FOR CHILD CARE CARDS

After an application has been completed and vouchers have been created, the intake agent must issue all adult applicants a Hoosier Works for Child Care card supplied by the state. (See AIS Software Manual for specific information on activating a child care card.) When properly used, this card will transmit information to the Central Reimbursement Office electronically. This information is used to calculate the provider's child care reimbursement which is electronically deposited into the provider's bank account on the date specified.

The applicant must also sign a Hoosier Works for Child Care Card Authorization Form at time of any card issuance.

### HOOSIER WORKS FOR CHILD CARE CARD TRAINING

It is the responsibility of the intake agent to provide the applicant with information regarding appropriate use of the child care card. This may be done through video demonstration (provided by the state), and/or written/verbal information when video is unavailable. This information should include restrictions of card use (personal days, use by someone else), selecting a PIN number and the importance of consistent timely use of the Hoosier Works card.

### SELECTING A HOOSIER WORKS PIN

Once the intake agent has activated the applicant's child care card, the parent must complete the activation by selecting a PIN (personalized identification number). The PIN is a four (4) digit number used as a recipient's electronic signature. The PIN number process is completed when the card holder calls the 800 number listed on the back of the card and follows the prompts.

The card holder must have the following information to complete the call:

- √ Card number
- √ Cardholder's data of birth
- √ Cardholder's zip code.

After the card has been successfully PIN'ed, the recipient must wait twenty-four hours to use their card to electronically document their child(ren)'s attendance.

### DOCUMENTING ATTENDANCE USING THE POS MACHINE

The applicant will use their child care card to document their child(ren)'s attendance by using a Point of Service (POS) device available at the provider's facility.

A new provider or provider who previously did not have a CCDF child in attendance will need to obtain a machine from ACS. If the provider has not been contacted by ACS within 72 hours of voucher issuance, the provider should call 800-422-0850 to request installation of a POS machine. (Provider ID # 1234; Provider Password # 123456)

A parent should use their card on a regular basis when dropping-off and picking-up their child(ren). To document attendance, the parent must have their;

- √ Card and/or card number
- √ PIN number
- √ Child(ren)'s Child Number.

(Note: The state supplied video provides information regarding specific use of the machine.) A parent may “back-swipe” or document previous attendance for the previous 13 days to avoid non-payment.

**NOTE: An applicant's failure to utilize their child care card to electronically document attendance may result in the termination of benefits.**

## **LOST, STOLEN OR INOPERABLE HOOSIER WORKS CARDS**

Upon notification by the recipient, secondary card holder or authorized user of a lost, stolen or inoperable Hoosier Works for Child Care card, the Intake Agent must immediately issue a new card to the recipient. The recipient/cardholder must sign a Hoosier Works Card Issuance form prior to issuance; a facsimile of the recipient/cardholder's signature may be accepted. If the inoperable card is returned, it should be destroyed and logged for audit purposes.

## **SECONDARY HOOSIER WORKS CARD HOLDER**

An applicant may request a Hoosier Works for Child Care card for all adults listed on the child care application, Form 805. This individual will hold their own card with a PIN selected by the secondary card holder. The secondary card holder must be listed on the application and proof of identity must be obtained. Issuing the secondary person's card, DOES NOT require the individuals signature only the signature of the primary applicant. The secondary card holder may request training from the Intake Agent, if desired. The applicant and secondary card holder are responsible for all attendance electronically documented through use of their cards.

**AUTHORIZED HOOSIER WORKS CARD USER**

An applicant may designate one person as an authorized user on their account. This individual will hold their own card with a PIN selected by the authorized user. The authorized user must be over the age of 18 or a teen parent with proof of relationship and the applicant must be willing to accept full responsibility for the authorized user's activity. Issuing an authorized user's card, requires the written applicant consent on the Hoosier Works for Child Care Authorization form as well as the signature of the authorized user. The authorized user must receive training in the same method as the applicant.



## **RESTRICTIONS OF HOOSIER WORKS CARD USE**

### **PERSONAL DAYS**

Each full-time parent with a weekly voucher will be provided with 20 personal days per calendar year. The personal days, as well as the provider's holidays, are calculated with a value equal to the number of hours assigned on the voucher detail screen for each child. The parent may use a personal day at their discretion for days when the child was scheduled to be in attendance, the provider was open for business and the child did not attend any portion of the day.

### **USE BY A PERSON OTHER THAN THE CARD HOLDER**

The applicant has agreed, by their signature, to prohibit anyone other than themselves to use their Hoosier Works for Child Care card. The parent may not give their card or their PIN number to their provider or any other individual. The parent may not leave their child care card in the possession of their child care provider.

**NOTE: If a parent allows someone to use their child care card, their assistance may be terminated.**

## **HOOSIER WORKS CARDS FOUND IN PROVIDER'S POSSESSION**

### **FIRST OFFENSE**

Upon notification that a provider has possession of swipe cards, the CCDF Policy Consultant will send notice to BCC to send a warning letter to the provider. BCC will maintain a tracking log on these letters.

### **SECOND OFFENSE**

Upon notification that the same provider has possession of swipe cards, a BCC representative will visit the provider. If the swipe cards are found at the facility, the provider will immediately be suspended from the CCDF program for three months.

The CCDF Policy Consultant will notify the intake agent to deactivate the swipe cards for the parents whose cards were found. The parents will be required to come to the intake office, watch the video and sign a statement acknowledging they are aware they are not to leave the card with the provider. Parents will also be advised that violation of this policy will result in their termination from the CCDF program.

# DOCUMENTING ATTENDANCE

## ENROLLING WITH THE CRO

The state contractor responsible for installation and maintenance of all Point of Service (POS) devices will contact the childcare provider to install a POS device at their facility. This will happen after the provider has at least one CCDF child enrolled in their childcare program. At the time of installation, the provider will receive a short training on the use of the machine as well as documents to complete their CCDF Provider enrollment. These forms include:

- POS device contract
- Provider Holiday Statement
- Discrepancy claim form with instructions
- Statement of Service form, **to keep as backup documentation**
- Payment schedule
- Direct deposit form
- W-9 form

## PARENT / PROVIDER RESPONSIBILITY

CCDF providers must require parents to use their assigned Point of Service (POS) device as the method for documenting attendance for all CCDF children.

When a provider has completed enrollment with the Central Reimbursement Office (CRO), the provider will be given a POS device for the purposes of electronically documenting children's attendance. The parent is responsible for utilizing their Hoosier Works for Child Care card to electronically document their child(ren)'s attendance. The provider is responsible for verifying an enrolled child's parent/guardian is properly documenting their child(ren)'s attendance. In addition, the provider is responsible for maintaining attendance records which support their electronic childcare claim (i.e. Parent Sign-in/out Sheets or other appropriate method.)

When properly used, attendance will be electronically transmitted to the CRO. This information is used to calculate the provider's childcare reimbursement which is electronically deposited into the provider's designated bank account on the date specified.

NOTE: The POS device should not be used as the sole source of attendance documentation. A provider should maintain back-up attendance records which include date, time of arrival and time of departure, as well as, custodial adult signature when possible.

In the event a provider has not received their POS device which results in an underpayment for childcare provided, the provider may file a Discrepancy Claim. This claim form must be submitted on the form provided to the address indicated on the form within sixty (60) days of the last day of childcare. Late claims will be denied unless resulting from a data change request.

## **FAILING TO USE THE POS DEVICE**

Failure of the applicant and/or provider to properly use the POS device WILL result in a CCDF underpayment or non-payment for childcare services.

If a custodial adult continually fails to utilize the POS machine to document their child(ren)'s attendance, the provider should notify the Intake Agent of the problem. It is the responsibility of the Intake Agent to send a ten (10) calendar day written notice to the applicant informing them their failure to electronically document their child(ren)'s attendance may result in termination of services. A copy of this written notification should be sent to the provider. The Intake Agent shall follow-up in ten (10) days to determine if the parent is using their childcare card to electronically document attendance. If the applicant or authorized user has not, their application shall be terminated.

## **60-DAY LATE CLAIMS**

Providers should not allow discrepancy claims to accumulate. If a discrepancy claim is received sixty (60) days past the last day of the period claimed, the late claim must include a letter stating the request is due to a data change. The Bureau of Child Care reserves the right to deny a late claim.

# **MAINTAINING A SUPPLY OF HOOSIER WORKS FOR CHILD CARE CARDS**

## **GENERAL INFORMATION**

In order for CCDF recipients to access their CCDF benefits and CCDF providers to be paid, families will receive electronic childcare cards from the Intake Agent. This is also known as Over the Counter (OTC) issuance.

## **ISSUING AND TRACKING OTC HOOSIER WORKS CARDS**

Each CCDF Intake Agent will be responsible for issuing and tracking OTC electronic swipe cards. Depending upon the number of staff in the CCDF Intake Agency, the agency should designate individuals to perform the following tasks:

### **INVENTORY CONTROL**

Inventory control involves ordering and maintaining OTC inventory. The individual responsible for inventory control must monitor the daily balance and security of card, ordering additional cards when necessary, ensuring proper contents of each shipment, maintaining all inventory paperwork and records related to inventory and issuance, requesting an electronic inventory listing from the Project Office (if desired, see “Forms and Inventory” section), and reconciling inventory daily.

Intake Agents who have large card inventories on hand are encouraged to keep a separate “working” OTC inventory from a “bulk” OTC card inventory. The “working” inventory should be in a safe place, but relatively easy for the issuing Intake Agent to supply to CCDF families. The “bulk” inventory should be kept in a secure place at all times, until the “working” inventory needs to be replenished

### **CARD ISSUANCE**

Card issuance involves the activation and issuance of HW Cards to eligible CCDF recipients and their authorized user, if applicable. The individual responsible for card issuance must ensure proper recordkeeping is maintained for each card issued, be able to account for all cards handled and issued so inventory will balance accordingly, ensure cards are issued to individuals eligible for card usage, activate card with the system for use, provide adequate (State supplied) client training, answer client questions and complete client paperwork related to issuance of a HW Card. Additionally, if a client reports their card is lost or stolen, card issuance staff is responsible for deactivating the missing card immediately, and following the appropriate procedures for issuing the client a replacement card following proper procedures.

NOTE: In some counties, these duties may be performed by the same person depending on size of staff. Additionally, assignment of the Inventory Control role is to be limited to as few staff members as possible, but as many as necessary (for example, one plus a backup) to ensure that the procedures are completed. Card issuance staff might involve several people depending on the volume of cards being distributed on a regular basis.

## ORDERING OTC CARDS

**All shipping charges will be billed to and paid by the state.**

Cards are to be ordered *quarterly* during the last month of each quarter (March, June, September, and December), **by region**. All regions will be contacted with a reminder at the beginning of each month, indicated above. Orders are due by the end of the notification month. NOTE: Not all offices will need to submit an order each and every quarter, depending upon the volume of cards issued and those remaining.

## HOOSIER WORKS FOR CHILD CARE

### OTC CARD ORDERING PROCESS

NOTE: Cards are to be ordered in multiples of 100 (100 cards to a box), with the *minimum* order for a region consisting of 100 cards/1box, and in multiples of 100.

**STEP 1:** Inventory controller for the region submits their offices' orders by completely filling out Section 1 of the Vault Card Replenishment Order Form, and faxing to Project Office (317-234-1399).

**STEP 2:** The office supervisor must sign the order.

Emergency orders **MUST** be signed by your regional CCDF Policy Consultant. **Please** do everything possible to adhere to the above schedule and limit emergency orders. Repeated emergency orders, including those submitted not long after the regular due date, is indicative of the need for more cautious and attentive inventory monitoring.)

- STEP 3:** At the close of the ordering time frame (end of the month), the Project Office will submit the total order to ACS and request a shipping date. Intake Offices will be notified of this shipping date.
- STEP 4:** Manufacturer ships orders directly to the central regional office by the specified shipping date – signature required upon delivery.
- STEP 5:** Upon receiving and signing for shipment, the inventory controller completes Section Two of the order form and faxes it to the Project Office verifying receipt of or indicating any problems associated with shipment. The shipment will include printed inventory listing in card order sequence. Electronic copies of this inventory are available by contacting the Project Office at 317-234-1399.

NOTE: The Project Office, in conjunction with the local Intake Agent supervisor and the Bureau of Child Care will be responsible for investigating lost/missing or “short” shipments.

### VERIFYING YOUR SHIPMENT

Upon Receipt of OTC cards, the Intake Agent should:

- STEP 1:** Verify the number of cards received against the number ordered.
- STEP 2:** Check the condition of the cards.  
*If it is discovered a card is damaged, the card number should be logged and a hole cut in the magnetic stripe. Defective/Destroyed cards may be stored with the bulk inventory cards but they should be separated so as not to damage any other cards or not to reissue to CCDF families.*
- STEP 3:** Place the box(es) in a secure location .
- STEP 4:** When distributing the regional order to your county offices, distribute by box/multiples of 100. Do not distribute by dividing boxes of 100 into new amounts.

The Intake Agent may request the electronic inventory sheet (spreadsheet) from CRO Project Office via e-mail ([CROProject@fssa.state.in.us](mailto:CROProject@fssa.state.in.us)). Include in your emailed request your office name and address, the date you ordered the cards, the date you received the shipment at your office, and the quantity of cards ordered. *NOTE: See information below regarding forms and inventory*

## ISSUING HW CARDS

The Intake Agent may issue OTC cards to:

- √ New CCDF Applicant(s) - One (1) card may be issued for each adult on the 805 Application
- √ CCDF Applicant(s) who have a lost, damaged or stolen HW Card
- √ One (1) Authorized Representative as indicated by the recipient(s)

**A total of three (3) cards may be issued for an eligible CCDF family**

### HW CARD ISSUANCE GUIDELINES

Any person wishing to receive an OTC card as noted above, must have one form of ID as noted in the CCDF Policy and Procedures Section Verification of Identity.

The Intake Agent must document:

- √ Name of individual receiving the HW Card
- √ Relationship of the cardholder to the recipient
- √ Signature of individual receiving the HW Card
- √ Signature of recipient, if the card is for an authorized user
- √ Date issued
- √ Reason for the card issuance
- √ 16 digit number on the front of the HW Card or make a photocopy of the front of the card
- √ Signature of the Intake Agent who issued the HW Card.

*NOTE: Cards issued as replacement for lost, stolen or inoperable cards may be issued using a facsimile of the individual's signature.*

After issuing the card, the following must occur

- √ The person receiving the HW Card must sign the back of the card immediately.
- √ The Intake Agent must provide state supplied client training materials.
- √ The Intake Agent will instruct the cardholder to call the PIN Select Line in 24 hours to select a PIN (Personal Identification Number).

## RETURNED HW CARDS

The Intake Agent must log all returned cards, regardless of how they are returned. The Intake Agent should try to locate the client so the client may retrieve the card.

If the client cannot be found and does not pick up the card *within 10 business days* from the day contact was attempted/made, it should be destroyed. Additionally, returned cards are to be kept in a secured location until either reclaimed by the client or destroyed. The card is destroyed by hole punching (or scratching) the magnetic stripe. Destroyed cards should be kept (**do not throw away**) in a secure location with other damaged cards for auditing purposes.

Whether the client is located and picks up the card, or the card is unclaimed and destroyed, the action taken is to be documented by the Intake Agent on the “Returned Card Log” form.

## FORMS AND INVENTORY

You must keep adequate documentation and records related to HW Card issuance for three (3) calendar years. All forms are to be used as they originally appear for consistency and auditing purposes.

If you are familiar with Excel, you may also request an electronic Excel version of this listing if you would find it helpful in your inventory and issuance activity. After it is emailed to you, you may then simply copy and paste the electronic listing into your Hoosier Works for Child Care Daily Card Issuance Log you have already saved electronically. Then, print the document and fill in the remaining columns appropriately. (You MAY overwrite the card listings pasted within the spreadsheet because you are required to print these documents for use in daily issuance tracking, and keep as records for three (3) calendar years). This electronic process simply eliminates the need for card issuance staff to manually write the card numbers being issued. If this is NOT your offices’ preferred method, you will still need to print the document (the log), make copies, and will be required to manually write each card number upon issuance.

Please note that for security reasons, card numbers are not numbered in an obvious manner (XXXXXXXXXXXXXXXXX1, XXXXXXXXXXXXXXXXXXX2, and so forth). When conducting inventory procedures, you will not be able to subtract the first card number from the last card number to determine quantity of cards. You will need to take care in using the listing sent with the shipment, and/or the identical electronic version as a tool in monitoring your inventory.



**DO NOT** randomly select card to issue. They must be issued to clients in the order they are listed **(front of box to back of box)**. Random issuance could result in tracking errors.

**THE FOLLOWING INVENTORY FORMS HAVE BEEN SUPPLIED:**

- Bulk Hoosier Works OTC Card Inventory Form
- Hoosier Works Child Care Authorization
- Hoosier Works for Child Care Daily Card Issuance Log (Excel)
- Daily Hoosier Works Card Inventory Reconciliation Form
- Returned Card Log
- Vault Card Replenishment Order Form

# **PROVIDER ELIGIBILITY STANDARDS**

# CCDF PROVIDER ELIGIBILITY STANDARDS

## GENERAL INFORMATION

Effective July 1, 2002, the General Assembly passed legislation that requires all child care providers to comply with certain health and safety standards prior to their participation in the Child Care and Development Fund Voucher Program.

Effective July 1, 2005, the General Assembly passed legislation stating licensed child care homes and licensed child care centers would be considered compliant with CCDF Provider Eligibility Standards as long as the Indiana license is valid.

Unlicensed childcare providers, however, must demonstrate compliance with the CCDF Provider Eligibility Standards through written documentation as well as a home/facility inspection. The verifying agencies are as follows:

- Licensed child care providers: state licensing consultant
- Registered child care ministries: child care health consultant
- Legally license exempt child care providers: state contractor, The Consultants Consortium (TCC)

## CCDF PROVIDER ELIGIBILITY STANDARDS

These health and safety standards include:

- ✓ The provider, or individual over age 18 who resides with the provider, or anyone employed at the facility shall provide evidence that they are free from communicable Tuberculosis.
- ✓ The provider must have written plans for notifying parents of their illness or serious injury.
- ✓ The provider must post an evacuation /emergency plan in case of fire or inclement weather.
- ✓ The provider must be annually certified in CPR appropriate for the children to whom they provide care and currently certified in First Aid.
- ✓ The provider must conduct and document a monthly fire drill.
- ✓ The provider, or individual over age 18 (or under 18 and previously waived to Adult Court) who resides with the provider, or anyone employed at the facility must provide a criminal history check which documents that the individual has not been convicted of a felony and/or a misdemeanor related to the health or safety of a child and/or a misdemeanor for operating a child care center or home without a license.
- ✓ The provider, or individual over age 18 who resides with the provider, or anyone employed at the facility shall provide evidence that they have not been named as the alleged perpetrator under Indiana Code 31-33-17-6(7).
- ✓ The provider, or individual over age 18 who resides with the provider, or anyone employed at the facility must submit to drug testing which verifies that there is not a presence of an illegal controlled substance.

- √ The provider must maintain and annually update documentation of age appropriate immunizations for each child who is cared for in the facility.
- √ The facility must have a working telephone. Cellular phones are not acceptable. An analogue phone (or acceptable conversion device) will be required in order for the electronic CRO to process provider payments.
- √ The facility must have running water.
- √ The facility must have working, appropriately located smoke detectors and fire extinguishers.
- √ The facility must have two exits, other than windows, located on different sides of the facility that are not blocked and do not require passage through a garage or storage area where hazardous materials are stored and may be operated from the inside without the use of a key or any special knowledge.
- √ The provider must offer a safe environment by ensuring that firearms and ammunition, poisons, chemicals, bleach and cleaning supplies and all medications are inaccessible to children.
- √ The provider must ensure children in care are appropriately supervised.
- √ The provider shall complete Safe Sleep Training

Once a childcare provider has complied with all required health and safety standards, they must agree to maintain compliance. A childcare provider's failure to maintain compliance may result in termination from the Child Care and Development Fund program. Intake Agents will be notified of a childcare provider's failure to comply with CCDF Provider Eligibility Standards by fax. It is imperative Intake Agents take action on notification of denial/revocation timely to ensure that applicants receive adequate notice regarding the status of their current childcare provider.

## NON-COMPLIANCE WITH CCDF PROVIDER ELIGIBILITY STANDARDS

Following are the procedures for removing children from providers for failure to comply or maintain compliance with CCDF Provider Eligibility Standards. Applicant notification must include written correspondence using the form letter provided. A child care provider **will not** be paid during an appeal. If a applicant wishes to leave their child(ren) in the care of the ineligible provider, their CCDF voucher will be terminated and future eligibility is subject to availability of funds.

- STEP 1** A recommendation for denial or revocation has been approved by the Division of Family and Children
- STEP 2** The Division of Family and Children sends a “Notice of Order” letter to the childcare provider.
- STEP 3** A copy of the Notice of Order is faxed to the Intake Agent requiring *immediate action*.
- STEP 4** The Intake Agent must determine if the provider has active vouchers.

NOTE: Intake Agents should first try “View Provider”. If the childcare provider’s name does not display, generate a Closed Provider with Recipients Report.

- STEP 5** When all active vouchers have been identified, the Intake Agent shall use the form letter (see appendix) provided to notify parents/guardians that their childcare provider is no longer eligible to participate in the CCDF program. **Parents/guardians must be notified within three calendar days of fax notification.** A copy of the written applicant notification shall be maintained in the applicant’s file.

NOTE: Parent/guardian notification in this circumstance **will** exceed ten days.

- STEP 6** A courtesy copy of the parent/guardian notification letter shall be sent to the childcare provider.
- STEP 7** Payments shall not be made to the childcare provider beyond the effective date of the order as stated in the childcare provider’s “Notice of Order”.

NOTE: Intake agents must complete a provider change in the Intake Software moving the children to “Pending Provider” effective the Sunday following the effective date of the order. This must be completed within three calendar days of faxed notification.

**Step 8** If an applicant selects an eligible childcare provider prior to the effective date of the order, a provider change shall be completed.

If an applicant **HAS NOT** selected an eligible childcare provider prior to the effective date of the order, the voucher shall be terminated.

NOTE: Applicant’s questions regarding a childcare provider’s ineligibility should be referred to the provider. (Some denials/revocations may be based upon confidential information.)

## **RESCINDING CCDF PROVIDER ELIGIBILITY STANDARDS REVOCATION ORDERS**

### **GENERAL INFORMATION**

As the Bureau of Child Care begins to issue CCDF Provider Eligibility Standards denial/revocations in the form of a Notice of Order, it may become necessary to rescind an order if the provider can now demonstrate compliance with the Provider Eligibility Standards. If a provider contacts the Intake Agent and indicates they are now in compliance with CCDF Provider Eligibility Standards, please refer the provider to TCC. The state contractor will be able to assist the provider in documenting their compliance and make a recommendation to the Bureau to rescind the Notice of Order. Licensed or registered providers should be referred to the BCC Licensing or Ministry Section for assistance.

### **REINSTATING A PROVIDER**

When a Notice of Order has been rescinded, the Intake Agent will receive a faxed copy of the provider's notification letter.

#### **PRIOR TO EFFECTIVE DATE OF THE ORDER**

If a provider's Notice of Order is rescinded prior to the effective date of the Order, there is no interruption in the provider's eligibility. Applicants who have not chosen a new provider may be re-assigned to the provider. Applicants who have chosen a new provider, may complete a provider change request to return to the reinstated provider's facility by contacting the intake agent.

#### **AFTER THE EFFECTIVE DATE OF THE ORDER**

If a provider's Notice of Order is rescinded after the effective date of the Order, there will be a period of time when the provider **IS NOT** eligible for childcare reimbursement through the CCDF fund. Children who **have not** been terminated from the program due to failure of the applicant to select another provider, may complete a provider change request to return to the reinstated provider's facility by contacting the Intake Agent. If children have been terminated, they may re-apply for CCDF benefits. The family's reinstatement is subject to fund availability.

# **ADVERSE ACTIONS APPLICANT & PROVIDER**



# DENIAL OF APPLICANT APPLICATION

## DENIAL OF APPLICATION

A family **is to be denied** services in writing for any of the following reasons:

- Family income above 127% of poverty, at initial application
- Family income above 170% of poverty, at re-determination or update
- Co-pay exceeds weekly charge
- Child (the primary beneficiary of the service) is not a U.S. citizen, qualified alien and/or resident of the county or state
- Failure to provide complete information at time of enrollment
- Deliberate misrepresentation of information on the application
- No longer has a service need that meets CCDF eligibility criteria
- No CCDF funds available in the county
- Conviction of illegal receipt of government funds
- CCDF fraud conviction; and/or
- Failure to repay overpayment agreement

## TERMINATION OF APPLICATION

The family or child (if applicable) *may be terminated* from service for any of the following reasons:

- Failure to pay family co-payment, if reported within thirty (30) days;
- Failure of an applicant to electronically document their child(ren)'s attendance
- Allowing another person to use their Hoosier Works for Child Care card to document attendance
- More than three changes of caregiver in 12 month period

The family or child (if applicable) *will be terminated* from service for one of the following reasons:

- CCDF fraud conviction
- Full-family sanction
- Failure to report loss of service need, unless there is a valid repayment agreement;
- Expiration of period of subsidy eligibility
- Failure to fully reimburse in-home child care provider
- Failure to complete required CCDF enrollment paperwork
- Welfare fraud conviction
- Child turns 13 (or 18 if child has a documented special need or need for court ordered supervision)
- A child who is the primary beneficiary of services is not a US citizen, qualified alien, and/or resident of the county and/or state.

- Failure to repay overpayment agreement according to the terms of the agreement
- Co-pay exceeds weekly charge
- Sixty (60) days of claim inactivity on a voucher

## **APPLICANT NOTIFICATION OF TERMINATION**

If services are terminated to a client after the application has been signed, the family must receive at least ten-calendar day written notice. The child's provider must also be notified in writing by the Intake Agent at least ten (10) calendar days prior to the effective date of the action.

### **PAYMENT OF CHILD CARE SERVICES**

**Services provided during this ten-day period of notification are considered allowable childcare costs for reimbursement under the CCDF child care program.**

Service for childcare provided during an applicant's appeal action, WILL NOT be reimbursed after the ten-day termination period. However, if a finding is held in the applicant's favor, all childcare during the appeal process will be paid retroactively at the rate determined prior to termination provided the applicant completes CCDF enrollment forms timely and has utilized childcare through an eligible CCDF provider.

## APPLICANT APPEAL PROCEDURE

The Intake Agent must inform the applicant of the Parent Appeal Process at time of initial applicant and at each re-determination.

When any adverse action is taken, such as denial, termination or increased co-pay, there is a three (3) step appeal process.

**STEP 1:** Within ten calendar days of receipt of Adverse Action letter, the applicant must send written request for appeal to the local Intake Agent Supervisor.

The Intake Agent has ten calendar days to review the request and respond in writing. This response must provide information on the next step in the appeal process. The Intake Agent will document research to support any decision made. The documentation shall be placed into the parent file.

**STEP 2:** If the applicant is not satisfied with the decision of the Intake Agent Supervisor, the applicant must send written request for appeal to the Child Care Administrator of the Bureau of Child Care within 15 calendar days of receipt of the denial letter from the Intake Agent Supervisor.

Child Care Administrator  
Attn: CCDF Appeals  
402 W. Washington Street, W-386 MS02  
Indianapolis, Indiana 46204-2739

The Child Care Administrator has 15 calendar days to review the request and respond in writing. This response must provide information on the next step in the appeal process.

**STEP 3:** If the applicant is not satisfied with the decision of the Child Care Administrator, they have 15 calendar days from receipt of letter from the Child Care Administrator to submit a final written request for appeal to the:

Director of the Division of Family Resources  
Attn: CCDF Appeals  
402 W. Washington Street, W-3386 MS02  
Indianapolis, Indiana 46204-2739

The Division Director of DFR has 15 calendar days to review the decision of the Child Care Administrator of the Bureau of Child Care and respond in writing.

The decision of the Director of the Division of Family Resources is **final**.

### **LIMITATIONS OF APPEAL**

**All** requests for appeals and responses **must be in writing**

If an applicant misses the timeline, the right to appeal is forfeited. All appeals sent by applicants will be counted as sent on the date as postmarked. All dates on responses by the state will be counted as sent on the date of postmark.

## **ADVERSE ACTION AGAINST A PROVIDER**

### **Other than CCDF Provider Eligibility Standards**

#### **GENERAL INFORMATION**

In certain situations where there are immediate concerns for the protection of children or the integrity of a provider, the Division of Family Resources may take adverse action against a provider affecting their ability to participate in the CCDF program.

#### **SUSPENDING A PROVIDER**

A provider *may be suspended* by the Division of Family Resources from the CCDF program under the following circumstances.

- The death of a child while in the provider's care;
- A pending abuse/neglect charge against the provider, an existing employee of the provider, or a member of the provider's household, indicating behavior harmful to children;
- A substantiated health or safety hazard;
- Threatening behavior;
- Providing false information on any form connected with the CCDF program;
- Being under investigation for fraud;
- Possession or use of Hoosier Works for Child Care Cards as documented by a Bureau of Child Care staff member or representative; and/or
- Illegally operating a home or facility

In the above circumstances, the suspension can be effective immediately upon notice to the provider. The Intake Agent will be notified to immediately contact CCDF applicants to select a new provider. Applicants shall be referred to the local Child Care Resource and Referral (CCRR) agency if they need assistance selecting a new provider. Payment will not be made during the period of suspension. The provider will remain suspended pending the outcome of an investigation.

## **TERMINATING A PROVIDER**

### **CCDF PROVIDER ELIGIBILITY STANDARDS**

A provider *will be terminated* by the Division of Family Resources from the CCDF program for failure to comply with CCDF Provider Eligibility Standards as of the effective date of the Notice of Order (see Provider Eligibility Standards section) and remain in effect until the Notice of Order has been rescinded.

### **OTHER REASONS FOR TERMINATION**

A provider *will be terminated* by the Division of Family Resources from the CCDF Program under the following circumstances.

- A substantiation or conviction of abuse/neglect against the provider, an existing employee of the provider, or a member of the provider's household indicating behavior harmful to children;
- Substantiated fraud in the receipt of any type of government funds;
- Proven forgery of signature on any form;
- Loss or denial of licensure or registration in situations where the action is due to substantiated abuse or neglect.

In the above situations, termination of the provider will become effective immediately upon notice and will be permanent. Payment will cease upon termination of the provider. The Intake Agent will be notified to immediately contact CCDF applicants to select a new provider. Applicants shall be referred to the local Child Care Resource and Referral (CCRR) agency if they need assistance selecting a new provider.

## PROVIDER APPEAL OF ADVERSE ACTION Other than CCDF Provider Eligibility Standards

In situations where the Division of Family Resources takes adverse action (other than CCDF Provider Eligibility Standards) against a provider that affects their ability to participate in the CCDF program, there is a two-step appeal process.

**STEP 1** Within **15 calendar days** of receipt of termination notice, the provider must send a written request for appeal to the:

Child Care Administrator  
Attn: CCDF Appeals  
402 W. Washington Street, W-386 MS02  
Indianapolis, Indiana 46204-2739

The Child Care Administrator has **15 calendar days** to review the request and respond.

**STEP 2** If the provider is not satisfied with the decision of the Child Care Administrator, they have **15 calendar days** to submit a **final written** request for appeal to the:

Director of the Division of Family Resources  
Attn: CCDF Appeals  
402 W. Washington Street, W-386 MS02  
Indianapolis, Indiana 46204-2739

The Director has **15 calendar days** to review the decision of the Child Care Administrator of the Bureau of Child Care and respond in writing.

The decision of the Director of the Division of Family Resources is **final**.

## LIMITATIONS OF APPEAL

If a provider misses the timeline, the right to appeal is forfeited. All appeals sent by providers will be counted as sent on the date as postmarked. All dates on responses by the state will be counted as sent on the date as postmarked.

Provider payments will not be made during the appeals process. However, if a decision is found in favor of the provider, any CCDF enrollments will be paid. A provider may not enroll any new CCDF children during the appeal process.

# **CONTRACT CENTER COMPONENT**



# **PROVIDING SERVICES TO CCDF FAMILIES**

## **Participating through a Center Grantee**

### **THE MEMORANDUM OF UNDERSTANDING**

Each CCDF Grantee and CCDF Intake Agent must have a current (within the current contract year) signed Memorandum of Understanding (MOU). This MOU outlines the responsibilities of both parties in the delivery of service to CCDF families participating through a center contract. When implementing or changing policies or procedures, both parties should review the MOU to determine if such actions will violate their existing agreement.

### **GENERAL PRINCIPLES**

In general, it is the responsibility of the CCDF Contract Center to:

- √ Determine preliminary eligibility
- √ Generate appropriate referrals for childcare services
- √ Provide families with a printed referral, completed provider information page as well as general enrollment information
- √ Notify the CCDF Intake Agent of known changes in family circumstance with may affect participation in the CCDF program
- √ Complete all budget functions associated with their contract

In general, it is the responsibility of the CCDF Intake Agent to:

- √ Check for new referrals
- √ Make enrollment appointment available to CCDF grantee clients within five (5) business days of referral creation
- √ Determine client eligibility
- √ Provide printed voucher to the CCDF Contract Center upon application completion
- √ Maintain client files
- √ Communicate any changes in client status to the CCDF Contract Center
- √ Act upon changes in family circumstance reported by the CCDF Center within five (5) business days
- √ Notify client of impending recertification at least thirty (30) days in advance

## **CCDF CONTRACT CENTER CLIENT'S CLIENT INITIAL APPLICATION**

CCDF Contract Center client applications are completed in the same manner as CCDF Intake applications. It is the responsibility of the Intake Agent to determine the appropriate subsidy begin and end dates which correspond to the client's service need. It is also the sole responsibility of the Intake Agent to determine the amount of care authorized based upon the client's documented service need. (See "Intake Component for further information.)

While the Intake Agent is responsible for authorizing child care services based upon the client's documented service need, the Intake Agent may not exceed the number of weeks or amount of funding authorized by the CCDF Contract Center as stated on the client's child care referral. However, the Intake Agent may reduce the amount authorized based upon the client's documented service need.

For specific information on entering a CCDF application for a CCDF Contract Center client, please refer to your software procedure manual.

**NOTE:** A CCDF Contract Center child should not be added to an active intake application until after the CCDF Contract Centers subsidy end date.

## **CLIENT RE-DETERMINATION**

The intake agent must conduct an eligibility re-determination with each CCDF Contract Center family at least every six (6) months. This requires the CCDF Contract Center to create a new childcare referral for the CCDF family. A re-determination including completion of a new Application may be completed thirty (30) days before the subsidy end date, but never after.

### **NOTIFICATION OF UPCOMING RE-DETERMINATION**

It is the responsibility of the Intake Agent to notify the parent of the impending re-determination at least thirty (30) days prior to the subsidy end date. The notification may be made using computer generated letters, or agency letters which contain similar information provided the mailing date has been documented. This notification will also serve as the family's ten (10) calendar day notice of termination for failure to complete re-determination timely. It is the responsibility of the CCDF Contract Center to provide the family with a referral at the time of re-determination.

## **METHOD OF RE-DETERMINATION**

When completing a re-determination (update), the Intake Agent may use a variety of methods including:

- √ Face-to-face interview
- √ Mail
- √ Fax with the assistance of the CCDF Contract Center

## **MAINTAINING A CLIENT FILE**

A client file is maintained in the same manner as any CCDF client. However, it is best practice to include in the client file a copy of the child care referral generated by the CCDF Contract Center. (See “Maintaining a Client File” for more information)

## **MAINTAINING A WAITING (CONTACT) LIST**

It is the responsibility of the CCDF Contract Center to maintain a waiting (contact) list of families wishing to access their CCDF Contract Center funds. It is the responsibility of the Intake Agent to maintain a waiting list for families currently participating through a CCDF Contract Center who wish to gain access to CCDF Intake funds to allow for greater flexibility in provider selection.

As of the date of this manual, the AIS system will not allow the Intake Agent to place an active CCDF Contract Center child on the AIS waiting (contact) list. Therefore, it is the responsibility of the Intake Agent to maintain a manual waiting (contact) list. Families on this list will be placed at the front of the AIS waiting (contact) list and will be first to be notified when funds become available.

**NOTE:** A child may not actively participate in the CCDF Contract Center program and the CCDF intake program simultaneously.

# **PROGRAM ABUSE & FRAUD**

# PROGRAM ABUSE POLICES AND PROCEDURES

In order to ensure CCDF dollars are used to their full potential, the Bureau of Child Care has developed CCDF Program Abuse Policies and Procedures as follows:

Definition: Program Abuse is defined as *any* false reporting of facts or information, providing false documentation, or the omission of facts by the CCDF applicant.

## INTAKE AGENT ROLE

The Intake Agent is expected to report all suspicions of fraudulent activity in the CCDF Program to the CCDF Fraud Coordinator. These instances include, but are not limited to, the following:

### Parent/Applicant Program Abuse or Fraud

- √ Failure to report a biological or custodial adult as a household member
- √ Failure to report a loss of service need
- √ Failure to report a move to another county or state
- √ Failure to report other forms of income including child support and social security benefits
- √ Submission of suspicious documentation, including wage verification

### Provider Program Abuse or Fraud

- √ Providing care at an address which has not been licensed/registered/or certified or allowing other individuals not properly certified according to CCDF regulations to provide child care at any location operated by or under the control of Provider.
- √ Providing care at an address which differs from the address indicated on the applicant's Provider Worksheet or CCDF voucher.
- √ Having possession of or using the applicant's Hoosier Works for Child Care card or having possession of card numbers or pin numbers on or off premises.
- √ Submission of suspicious, false or misleading documentation.

### Intake Agent Fraud

- √ Suspicious activity by an employee
- √ Suspicion of employee program abuse in receipt of CCDF benefits

Should the Intake Agent fail to report any fraudulent activity which is *defined in the contract as being within the scope of intake duties*, the Intake Agent will be held accountable for any overpayment. Further, it could be considered a failure to perform contract obligations.

## PROCEDURES FOR REPAYMENT AGREEMENTS

When the Intake Agent documents a case where the parent/applicant did not have a service or financial need, the following procedures should be followed:

### APPLICANT IS PRESENT

- STEP 1** Determine the time period when the applicant did not have a service or financial need. This will include begin and end dates to be entered on the repayment agreement in the service date field.
- STEP 2** Determine the total amount of the overpayment which is equal to the amount provided on the case payment report regardless of the end date of care.
- STEP 3** If the parent/applicant is present, the Intake Agent should complete the Non-Compliance and Repayment Agreement forms and have the applicant sign. If the applicant refuses to sign the agreement, proceed to Step 5.
- STEP 4** Send the original applicant signed agreement or unsigned agreement and supporting documentation to:
- FSSA - Financial Management  
CCDF – MS34  
P.O. Box 7128  
Indianapolis, IN 46207-7128
- And: Family and Social Service Administration  
MS02 Attn: CCDF Fraud Coordinator  
402 W. Washington Street  
Indianapolis, IN 46204
- And: The regional CCDF Policy Consultant
- STEP 5** Note the terms of the CCDF repayment agreement in the Intake Software note field indicating if the agreement was signed or unsigned.

### APPLICANT IS NOT PRESENT

- STEP 1** Determine the time period when the applicant did not have a service or financial need. This will include begin and end dates to be entered on the repayment agreement in the service date field.
- STEP 2** Determine the total amount of the overpayment.

- |               |  |
|---------------|--|
| <b>STEP 3</b> | Mail the applicant a Non-Compliance form and Repayment Agreement (see “Forms” section) for the applicant to sign and return within ten (10) days. The date mailed and the date the information is to be returned to the Intake Agent should be noted in the Intake Software note field.  |
| <b>STEP 4</b> | Send the provider a ten (10) day notice indicating the applicant’s child care assistance will end if the parent fails to comply with CCDF program request.   |
| <b>STEP 5</b> | Create a pending voucher(s) beginning the Sunday following the tenth day.  |
| <b>STEP 6</b> | When the signed repayment agreement has been received, restore voucher for applicant’s child(ren) and provide a copy of the voucher to the provider. (If signed repayment agreement is not received, proceed to Step 9.)   |
| <b>STEP 7</b> | <p>The original applicant’s signed or unsigned agreement and supporting documentation shall be sent to:</p> <p style="padding-left: 40px;">FSSA – Financial Management<br/>CCDF – MS34<br/>P.O. Box 7128<br/>Indianapolis, IN 46207-7128</p> <p>And                      Family and Social Service Administration<br/>                                 MS02 Attn: CCDF Fraud Coordinator<br/>                                 402 W. Washington Street<br/>                                 Indianapolis, IN 46204</p> <p>And                      The Regional CCDF Policy Consultant</p> |
| <b>STEP 8</b> | Note the terms of the CCDF repayment agreement in the AIS note field indicating if the repayment agreement was signed or unsigned.   |
| <b>STEP 9</b> | If repayment agreement is not signed, delete all pending vouchers and terminate the case.  |

## **PROCEDURES FOR REPORTING SUSPECTED PROGRAM ABUSE**

When the Intake Agent suspects program abuse, but is unable to document the applicant's non-compliance, the Intake Agent will report these suspicions to the CCDF Fraud Coordinator. This is done by sending a completed Fraud Referral including any supporting facts and/or documentation to the CCDF Fraud Coordinator and the regional CCDF Policy Consultant. The Bureau of Investigations will determine a plan of action/investigation which may include assigning the case to the Intake Agent for resolution.

### **Fraud Determination of less than \$2,500**

The Bureau of Investigations will either refer to the Intake Agent to seek repayment or refer to the County Prosecutor for legal action. In most cases, the case will be referred to the local intake by the CCDF Fraud Coordinator for repayment resolution. The Intake Agent will be notified of the finding for development of a repayment agreement. See Procedures for Repayment Agreement – Parent is Not Present.

### **Fraud Determination of \$2,500 or more**

The Bureau of Investigations may recommend criminal prosecution, in addition to collection of the overpayment in these instances. The Intake Agent will be notified of the findings by the CCDF Fraud Coordinator or their CCDF Policy Consultant. The Bureau of Child Care will determine the appropriate action and communicate this to the Intake Agent.



# **TECHNICAL COMPONENT**

## **TECHNICAL COMPONENT**

Intake Agents will be entering family information into web-based software. Information will be stored in a central server located in Indianapolis. As with any web-based program, certain security and technical requirements are necessary.

### **SOFTWARE ACCESS**

The Intake Agent will request access to the Intake Software for each staff member requiring use of the software. The Intake Agent may request supervisory, input or read-only access of each user. Each user will be assigned a unique user name and password. Staff shall not share their passwords or access to the software.

Should a staff member be terminated or no longer requires access to the Intake Software, the Intake Agent MUST report this information within three business days to the BCC Technical Team (BCCRequest@e-tcc.com). Intake Software access of the identified user will be eliminated immediately. Should an Intake Agent fail to report this information, the Intake Agency may be held liable for any CCDF fraudulent activity resulting from failure to follow this procedure.

USER ACTIVITY CAN AND MAY BE MONITORED FOR SECURITY PURPOSES.
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### **DATA QUALITY ASSURANCE RESPONSIBILITIES**

It is the Intake Agent's responsibility to maintain data integrity. To identify potential data errors, the Intake Software generates quality assurance reports to identify potential data errors. It is the sole responsibility of the Intake Agent to generate reports, review reports, and correct data errors on a regular basis.

The BCC Technical Team generates weekly Quality Assurance reports which provide a summary of the county's data errors as well as the county's accuracy rating. A rating "Below" requires immediate attention and must be resolved. If the rating is not improved, the Intake Agent's monthly payment for active family case files will be withheld until the matter is resolved. Failure to resolve the matter may result in termination of the contract.

In addition to weekly Quality Assurance reports, a representative from the BCC Technical Team will conduct monthly Quality Assurance calls with the Intake Agent. (Multiple counties may be discussed in one call.) The Intake Agent is required to

participate in these calls. The purpose of the call is to identify potential data integrity issues, discuss upcoming software enhancements, evaluate county staff performance, and answer Intake Agent questions. Questions which cannot be answered by the BCC Technical Team support staff will be referred to the Intake Agent's CCDF Policy Consultant. A summary of all Quality Assurance calls will be provided to the Intake Agent, CCDF Policy Consultant, and maintained in the agency's contract file.

## **MONITORING FOR INVALID VOUCHERS**

The CCDF Quality Assurance process includes the identification of invalid vouchers. Families or children appearing on the weekly QA report for the following reasons are ineligible to receive CCDF services;

- Employment service need with no wages recorded
- Child over 13 year old and not documented as special needs
- Child attending a closed provider

On the Monday following the QA report, the intake will be emailed to the agency's primary CCDF contact and sent by US mail a notification of identified cases. The following procedures must be followed:

- STEP 1**        The Intake Agent will have thirteen (13) calendar days to update the data in the software and/or terminate the family.
- STEP 2**        If the Intake Agent has not updated the data and the family or child still appears on the weekly QA report, the Intake Agent will receive notification via email and US mail requiring the termination of the application with ten (10) calendars notice.

## **MONITORING PROCESS FOR INELIGIBLE FAMILIES**

In the course of monitoring a grantee, monitors may determine that an applicant is ineligible for CCDF services for the following reasons:

- Missing financial documentation
- Statement not on letterhead and/or no EIN/SSN and/or no manager's business card
- Statement not signed by employer
- Statement does not include hours
- Statement does not include amount of gross pay

On the Monday following this determination by the monitor, a letter will be emailed to the agency's primary CCDF contact and sent by US mail. The following procedures must be followed:

- STEP 1** The Intake Agent will have thirteen (13) calendar days to resolve the non-compliance.
- STEP 2** Send an email to [BCCCorrespondence@fssa.state.in.us](mailto:BCCCorrespondence@fssa.state.in.us) indicating the case has been resolved.
- STEP 3** If the Intake Agent has not notified the Bureau of the resolution, the Intake Agent will receive notification via email and US mail requiring the termination of the application with ten (10) calendar days notice.

Failure to terminate the application may result in a repayment of the monthly administrative support fee.

## CLIENT SOFTWARE MINIMUM REQUIREMENTS

To adequately run the Intake Software, the following hardware and peripherals are required:

- Mozilla/4.0 compatible
- Internet Explorer 5.x or higher, Netscape 6.0
- JavaScript support
- Java JRE 1.3.1 plug-in [<http://java.sun.com/j2se/1.3jre/download-windows.html>]
- Adobe Reader 5.0 or higher
- Windows 98 or Higher

## RECOMMENDED SOFTWARE

- MS Office Software (Word, Excel)  $n$  licenses (where  $n$  = the number of users)
- Anti-Virus software for each computer system and laptop
- E-mail (web-based or client installed (i.e. Outlook express, etc.))

NOTE: Pop-up blocking software may interfere with the Intake Software and result in the inability to print documents generated by the software system.

## CLIENT HARDWARE

- Pentium, 600-MHz processor or faster
- 256 MB of RAM
- CD-ROM
- Modem – Digital (DSL/Cable)

## **INTERNET**

- Dedicated data line (DSL, Cable, Ethernet 10 Mbps or higher)
- Dial up internet access may be used, but could result in slow connection and production

NOTE: American On-line internet connectivity is not supported.

## **PRINTER**

- Any HP or HP-compatible laser printer

## DATA ERRORS – CONTRACT CENTER

Should an Intake Agent make a critical error in data entry, which results in incorrect payment or nonpayment, several steps are required. These types of errors also carry a fiscal impact on the center's obligations and require center consent.

The Intake Agent **must determine if any payment has already been made**. Data changes requesting a voucher change where the full market rate has already been paid to a provider may be denied. The Intake Agent should verify that no payments have been received.

### PROCEDURES

**STEP 1** Immediately upon discovery, the **Intake Agent** must complete the "DATA CHANGE REQUEST" and submit to the **BCC Technical Team**. This form must be sent electronically.

**STEP 2** The **BCC Technical Team** will create a task in WebGen and attach the Data Change Request form to the task and assign it to the appropriate **CCDF Policy Consultant**.

**STEP 3** The **CCDF Policy Consultant** will research and review the request. If the **CCDF Policy Consultant** approves the request, the task will be set to "approved" and the **BCD Technical Team** will be notified by email.

If the **CCDF Policy Consultant** denies the request, the task will be set to "denied" and the **CCDF Policy Consultant** will notify the Intake Agent by email of the denial.

Note: The CCDF Policy Consultant has five (5) business days to complete the review process.

**STEP 4** The **BCC Technical Team** will set task status "in progress" and move toward completion

**If all required approvals are obtained,  
the BCC Technical Team will make the requested change(s).**

**STEP 5** The **BCC Technical Team** will verify there are funds in the Centers budget prior to completing Data Change Request and take a screen shot of the budget for support. If funds are not available, **BCC Technical Team** will notify the **CCDF Policy Consultant** that funds are not available to honor the request. The **CCDF Policy Consultant** will notify **Intake Agent** that funds are not available

Note: The BCC Technical Team has five (5) business days to complete the review process.

- Step 6**      The **BCC Technical Team** will notify the **Regional Intake Agent** and the appropriate **CCDF Policy Consultant** the data change request has been completed.
- Step 7**      The **Regional Intake Agent** must print a corrected voucher, when appropriate, and provide a copy to the provider so they may be paid.

## DATA ERROR – INTAKE VOUCHERS

Should an Intake Agent make a critical error in data entry, which results in incorrect payment or nonpayment, several steps are required. These types of errors also carry a fiscal impact on the Intake's obligations.

The Intake Agent **must determine if any payment has already been made**. Data changes requesting a voucher change where the full market rate has already been paid to a provider may be denied. The Intake Agent should verify that no payments have been received.

### PROCEDURES

**STEP 1** Immediately upon discovery, the **Regional Intake Agent** must complete the "DATA CHANGE REQUEST" and submit to the **BCC Technical Team**. This form must be sent electronically.

**STEP 2** The **BCC Technical Team** will create a task in WebGen and attach the Data Change Request form to the task and assign it to the appropriate **CCDF Policy Consultant**.

**STEP 3** The **CCDF Policy Consultant** will research and review the request. If the **CCDF Policy Consultant** approves the request, the task will be set to "approved" and the **BCD Technical Team** will be notified by email.

If the **CCDF Policy Consultant** denies the request, the task will be set to "denied" and the **CCDF Policy Consultant** will notify the Intake Agent by email of the denial.

Note: The CCDF Policy Consultant has five (5) business days to complete the review process.

**STEP 4** The **BCC Technical Team** will set task status "in progress" and move toward completion

Note: The BCC Technical Team has five (5) business days to complete the review process.

**Step 5** The **BCC Technical Team** will notify the **Regional Intake Agent** and the appropriate CCDF Policy Consultant the data change request has been completed.



**Step 6**      The **Regional Intake Agent** must print a corrected voucher, when appropriate, and provide a copy to the provider so they may be paid.

NOTE: Data change requests to change providers on a past voucher will ONLY be honored if the parent submitted and the Intake Agent received a written request and current Provider Worksheet prior to the date of the request and the Intake Agent failed to recognize the request.

# **SAMPLE FORMS AND LETTERS**

# **805 FORMS**



## CHILD CARE DEVELOPMENT FUND (CCDF) County Child Care Subsidy Pre-Application

Date Completed \_\_\_\_\_ Phone: Area Code (\_\_\_\_\_) Number \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Are you a licensed foster parent? ☐ Yes ☐ No

Are you (check one) ☐ Working or ☐ Attending School? If you are working, are you paid ☐ Weekly ☐ Bi-Weekly ☐ Other

Is a spouse living in your household? ☐ Yes ☐ No If yes, is your spouse ☐ Working, ☐ Attending School or ☐ Other \_\_\_\_\_

**PLEASE NOTE: YOU MUST ATTACH A COPY OF A RECENT PAY-STUB FOR YOURSELF AND YOUR SPOUSE, IF APPLICABLE**

**Complete the table below for ALL household members including yourself.**

LIST ALL MEMBERS OF THE HOUSEHOLD Last Name, First Name	Date of Birth	Social Security Number (Optional)	Does child need child care services?	Does child have special needs? (See Note)	Relationship to Applicant
			N/A	N/A	SELF
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Special Needs Note: Child must be enrolled in one of the following: Children with Special Health Care Services, First Steps, Public School Special Education (IEP), or Head Start (professionally diagnosed with disabilities); or receiving Supplemental Social Security.**

### Other Sources of Income

Child Support \$ \_\_\_\_\_ month

Social Security \$ \_\_\_\_\_ month

TANF \$ \_\_\_\_\_ month

Unemployment \$ \_\_\_\_\_ month

Other \$ \_\_\_\_\_ month

*I hereby certify all the information provided is true and correct to the best of my knowledge. I understand submission of this application does not guarantee services will be provided. Further, I understand I will be asked to verify information supplied on this pre-application when/if I complete an application for services.*

Signed, \_\_\_\_\_ Date \_\_\_\_\_

Your pre-application must be renewed every 90 days. This process is initiated by the Intake Agency by mail. Please notify the agency of any changes to your application, including address.

**Application For Child Care Services: Bureau of Child Development**  
**Instructions for completing SF 46513 / BCD 0805**

**NOTE:** All information on this form is required for Federal or State reporting requirements. ALL information MUST be collected prior to determining eligibility: including Social Security Numbers for applicant(s) and children.

For the purposes of this program **FAMILY** is defined as: One or more adults and children, related by blood or law, residing in the same household. Where adults other than spouses reside together, each is considered a separate family. Wards of the Local Office of Family and Children are the legal responsibility of the local Office of the Division of Family and Children and not the family with which the child has been placed.

COMPLETE ALL UNSHADED AREAS / SHADED AREAS WILL BE COMPLETED BY THE VOUCHER AGENT:

**Section A: Applicant Information**

1. Full name of applicant (*head of family*)
2. Full mailing / physical address of applicant
3. Circle if the applicant is legally single. NA is appropriate only for children who are wards of the court through the Office of Family and Children.
4. Name / county ID number of the applicants resident county and School District Number.
5. Phone of applicant or contact phone number.

**Section B: Applicant Family Information**

1. Include names for all FAMILY members living in the household.
2. List date of birth for all family members.
3. Y if a US citizen and N if not a US citizen
4. Y if adult family member is a custodial parent and N if not.
5. List relationship to applicant (*son / daughter / boyfriend / grandchild, etc.*)
6. Gender Code only. 1 for Male / 2 for Female
7. Social Security Numbers are MANDATORY and NOT optional to be eligible for child care assistance. RID number may be used as a temporary number for TANF families.
8. Indicate if each family member is a Medicaid or Hoosier Healthwise participant with a Y or N.
9. Indicate if family member is a TANF recipient or not by Y or N.
10. Indicate, by using Y or N, if each family member is of Hispanic or Latino ethnic background.
11. Find the Race Code number at bottom of page. Each column MUST have a Y / N for each race indicator.
12. Use the Service Need Code number at the bottom of page to indicate service need OF THE ADULT FAMILY MEMBERS.

**Section C: Family Income / Size Information**

1. Include the name of each person receiving income/
2. Total gross monthly amount for income received in the previous 30 days. Use the INCOME SOURCE info at the bottom of page to total all income. Income of children under 16 yrs. is not counted, except TANF and SSI. Income reported in # 3,4,5 and 11 are reported, and can be declared by applicant, however is NOT used in determining eligibility. NO income is counted for Service Need #4: Child Protection Services.
3. List all Income Source Codes for each individual.
4. Total number of adults in family.
5. Total number of children in family.
6. Total number in family.
7. Total family income.
8. Poverty level of family based on scale.

**Service Codes:** Use these boxes / codes to complete the family information. In determining income be sure to subtract income from lines 3, 4, 5, and 11 before determining eligibility. Income on these lines may be declared by the applicant, available documentation should be included in the family file.

**Section D: Education**

To be completed for each family member as follows:

1. Name of family member.
2. Highest grade level completed by each adult family member.
3. Highest degree attained by each adult family member.
4. Start date of school for current year, if applicable.
5. End date of school for current year, if applicable.
6. Indicate with a Y or N if a preschool age child is receiving Preschool Services through the child care provider site.

**Section E: Signatures: space has been provided along each statement for parent to initial upon reading statement.**

Applicant MUST read or have read these statements, sign and date form prior to determining eligibility.

Agency person MUST sign and date

Original Date of Application: The date the family first came in and applied for assistance. This date will remain the same.

The duration of the family receiving assistance UNLESS there is a greater than 3 month break in service.

Date of Eligibility: Date family is determined eligible by Voucher Agent.

Date Child Care Subsidy Begins: First service need date that will be covered through funding.

Date Child Care Subsidy Ends: Last date of eligibility as determined by this 805 application.

Re-determination date: Date the family will need to make appointment to complete new 805.

Voucher Certificate / Contract: Indicate if funding will be through voucher or child care contract.

**Section F: Other Services**

This section will be used to document any referrals for other appropriate services need by family.  
Write in others as appropriate. If no services were offered check NONE.

Provider sheet instructions:

COMPLETE THIS PAGE FOR EACH PROVIDER the family is using at the time of application or when the family is changing child care providers.

**NOTE: Parent or provider will complete the unshaded aread / Voucher agent will complete shaded areas.**

**Section G: Provider Information**

1. Name of provider
2. Telephone number where care is being provided.
3. Social Security Number or Employer Identification Number of provider.
4. Name of business or child care facility if other than name of provider.
5. Address of LOCATION OF CARE / mailing address.
6. City of location / mailing address
7. Zip code of location. If the provider is out-of-state, indicate this in this square.
8. County where care is located.
9. Type of care. From the code list in the box, place the number on the line that fits the description of the care facility / provider.
10. License or Registration Number / capacity number / number of sites for licensed or registered providers.
11. For Legally-Licensed Exempt home providers only: Date of birth / Age / Relationship to child, if any, of exempt provider.
12. This space can be used by the agency / provider to add additional information.

**Section H: Child Care Needs / Expenses: Place family surname on line provided.**

1. Name of each child in need of child care assistance.
2. Y / N for showing Proof of Special Needs: Documentation of Special Needs required (*Children with Special Health Care Services / First Steps / Special Education in Public School / Supplemental Security Income / Head Start enrolment for professionally diagnosed children with disabilities*) See manual for further clarification.
3. Place any additional costs associated with the special needs here (*10% allowable over Market Rate*).
4. Total hours needed per week based on service need.
5. Place the number of hours per day and the number of days per week of service need for each child.
6. Actual charge per service need established.
7. Indicate the county market rate in the column that fits the service need for each child.
8. Indicate any overcharge the family will be responsible for (*6-7 = 8: Charges minus Market Rate*).
9. Indicate the family co-pay per pay / week (*see \* at bottom of table of 805*).
10. Actual child care subsidy using the formula at the \*\* bottom of the table on the 805.
11. Identify funding source # to be used for each child using the \*\*\* at bottom of table on the 805.

Signature of the provider and date is required.

Shaded box to be completed by Voucher Agent:

Date To Meet Minimum Standards: If your county has implemented Minimum Standards, indicate the date this provider has to complete them.

Date For Provider Re-Certification: Providers must be re-certified at least annually. Recert date may be the license, registration, or minimum standards must be renewed.



# APPLICATION FOR CHILD CARE SERVICES

State Form 46513 (R3 / 8-01) / BCD 0805

## SECTION A - Child Care Services are hereby requested by or on behalf of Applicant (Head of Family)

1. Name of applicant (last, first, M.I.)

2. Address (number and street, city, state, ZIP code)

3. Single parent?  
☐ Yes ☐ No ☐ N/A

4. County of residence #

School district #

5. Telephone #  
( )

## SECTION B - Family Members - Complete this section for yourself and ALL FAMILY MEMBERS living in your household. Be sure to complete ALL information. (See definition of family on Instruction Sheet.)

1. Last Name First Name M.I.				2. Date of Birth	3. Citizen?	4. Custodial adult?	5. Relationship to applicant	6. Gender	7. Social Security number (RID # if available)*	8. Medicaid/ Hoosier Healthwise?	9. TANF?	10. Ethnic Hispanic or Latino?	11. Race Circle Y or N in EACH box (see codes below)**					12. Adult Service Need Code+
													1	2	3	4	5	
Head of family is to be listed first.					Y / N	Y / N	SELF	M / F		Y / N	Y / N	Y / N	Y/N	Y/N	Y/N	Y/N	Y/N	
					Y / N	Y / N		M / F		Y / N	Y / N	Y / N	Y/N	Y/N	Y/N	Y/N	Y/N	
					Y / N	Y / N		M / F		Y / N	Y / N	Y / N	Y/N	Y/N	Y/N	Y/N	Y/N	
					Y / N	Y / N		M / F		Y / N	Y / N	Y / N	Y/N	Y/N	Y/N	Y/N	Y/N	
					Y / N	Y / N		M / F		Y / N	Y / N	Y / N	Y/N	Y/N	Y/N	Y/N	Y/N	
					Y / N	Y / N		M / F		Y / N	Y / N	Y / N	Y/N	Y/N	Y/N	Y/N	Y/N	

## SECTION C - Family Income and Size - List the income received (in the last 30 days) by family members living in your household Income for children under 16 years of age (except SSI and TANF) need not be reported.

1. Name of Person Receiving Money			2. Monthly Gross Income for Eligibility Purposes	3. Income Source Code(s) (see codes)++
4. # of adults in family	5. # of children in family	6. Total # in family	7. Total family income	8. Poverty level

### \*\*RACIAL / ETHNIC CODE (Section B.11)

1. American Indian / Alaskan Native
2. Asian
3. Black or African American
4. Native Hawaiian / other Pacific Islander
5. White

### +SERVICE NEED CODE (Sect. B.12)

1. Employment / On The Job Training
  2. Training / Education
  3. Both 1 and 2
  4. Child Protection Services
  5. Other (new job, job search)
- Explain:

### ++Income Source Codes (Section C.3)

1. Wages/Employment	_____	_____	_____
2. TANF	_____	_____	_____
3. Other State funding/TANF MOE	_____	_____	_____
4. Housing voucher / Cash assistance	_____	_____	_____
5. Food Stamps	_____	_____	_____
6. SSI or other Federal cash program	_____	_____	_____
7. Pension	_____	_____	_____
8. Unemployment	_____	_____	_____
9. Child Support	_____	_____	_____
10. Other (interest, trust, etc.)	_____	_____	_____
11. Other (not counted in eligibility)	_____	_____	_____
DO NOT COUNT #3, #4, #5, or #11 toward eligibility			
TOTALS _____			

\* Disclosure of your Social Security number (SSN) is optional. Your SSN is not required for child care eligibility and eligibility will not be denied due to your failure to provide a SSN. If provided, the State will keep your SSN confidential. State may use your SSN to assemble research data sets that do not identify individuals; verify employment and / or income; supply the federal government information regarding the child care program; and / or match against TANF database.

**SECTION D - Education level of all adult members including begin/end dates for all those attending school / education / preschool**

1. Name (last, first, M.I.)	2. Highest grade completed	3. Highest degree attained	4. Start date	5. End date	6. Receiving preschool services through child care program?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION E - Signature**

I understand:

- \_\_\_\_\_ and hereby certify that all the above information, provided by me, is true and correct to the best of my knowledge.
- \_\_\_\_\_ that I may be requested to verify these statements and give my consent to the agency, from where I am requesting services, to make any necessary contacts to verify any statements.
- \_\_\_\_\_ that I have the right to treatment that is fair and does not discriminate. I will not be treated differently because of color, race, national origin, religion, sex, age, political beliefs, marital status, or because of a physical, mental, or emotional condition.
- \_\_\_\_\_ that I must report changes to the voucher agent within ten (10) calendar days.
- \_\_\_\_\_ that the information I have given is private and cannot be seen by the public.
- \_\_\_\_\_ that this program is not an entitlement and, therefore, I may be placed on a waiting list.
- \_\_\_\_\_ that as a custodial, single TANF client, I will not receive penalties associated with work requirements if I cannot obtain child care for my children under 6 years of age.
- \_\_\_\_\_ that failure to pay any child care co-pay could result in my family being terminated from this funding assistance.
- \_\_\_\_\_ that if I fail to use my child care assistance within 60 days, it will be voided.
- \_\_\_\_\_ my Rights and Obligations and have received a copy of them at the time of application.

Signature of applicant	Date (month, day, year)	or TANF referral date	Signature of agency	Date (month, day, year)
Original date of application	Date child care subsidy begins	Date child care subsidy ends	Name of agency	
Eligibility determination date	Re-determination date	Voucher certificate/contract		

**SECTION F - Other Services Referred To**

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Resource and Referral  | <input type="checkbox"/> Brochures on Quality Child Care | <input type="checkbox"/> Complaint Process / Policies | <input type="checkbox"/> Health/Safety Information |
| <input type="checkbox"/> Regulatory Information | <input type="checkbox"/> Legal Child Care Information    | <input type="checkbox"/> Mass Media Info Sites        | <input type="checkbox"/> Subsidy Information       |
| <input type="checkbox"/> Other _____            | <input type="checkbox"/> Other _____                     | <input type="checkbox"/> Other _____                  | <input type="checkbox"/> None                      |



**Complete this page for the Provider Information. WHEN CHANGING PROVIDERS, only this page will need to be completed.**

**SECTION G - Care Giver Information (Complete this section for each provider. Attach additional sheets if necessary.)**

1. Name	2. Telephone  (        )	3. Social Security # / Employer ID #	4. Doing Business As
5. Address ( <i>number and street required - PO Box is optional</i> )	6. City  , IN	7. ZIP code	8. County
9. Type of Care # _____ 1. Licensed / Regulated in-home care 2. Licensed / Regulated family care <del>3. Licensed / Regulated group home care</del> 4. Licensed / Regulated center-based care 5. Legally-exempt in-home care / non-relative 6. Legally-exempt in-home care / relative 7. Legally-exempt family care / non-relative 8. Legally-exempt family care / relative <del>9. Legally-exempt group home care / non-relative</del> <del>10. Legally-exempt group home care / relative</del> 11. Legally-exempt center-based care 12. Registered Ministry 13. Licensed Ministry	10. If Licensed / Registered  License / Registration # ( <i>must provide copy</i> )  _____  Date for Renewal _____  Capacity _____  Number of sites _____	11. If Legally License-exempt Home  Date of birth _____  Age _____  Relationship to child  _____	12. Notes

**SECTION H - Child Care Needs / Expenses for Family Name**

Application Date

1. Child's Name	2. Proof of Special Needs?	3. Additional Cost for Special Needs	4. Total Hrs. of Care per Week	5. Service Need		6. Charges per			7. Market Rate per			8. Over Rate Charge per			9. Family Co-Pay*		10. Child Care Subsidy** (6 - 8 - 9 = 10)			11. Fund Source ***  (see codes below)	
				Hrs	Days	Hr	Day	Wk	Hr	Day	Wk	Hr	Day	Wk	Day	Week	Hr	Day	Wk		
	Y / N																				
	Y / N																				
	Y / N																				
	Y / N																				
	Y / N																				
	Y / N																				

**\*FAMILY CO-PAY**  
Based on Poverty Level.  
Use scale to determine.

**\*\*CHILD CARE SUBSIDY PER WEEK**  
Calculate the following:  
#6 (Charge) minus #8 (Over Rate) minus #9 (Co-Pay) equals #10 (Subsidy)  
IF SPECIAL NEEDS, include appropriate and approved additional costs.

**\*\*\*FUND SOURCE CODES:** 1. Child Care and Development Fund (CCDF)  
2. CCDF - School Age Care  
3. Social Service Block Grant  
4. State School Age Care  
5. Preschool Pilot Project

I affirm that the information given in Sections G and H of this application is true and correct.

Signature of provider	Date (month, day, year)	Date to meet minimum standards	Date for provider re-certification
-----------------------	-------------------------	--------------------------------	------------------------------------



# PROVIDER INFORMATION PAGE (Child Care and Development Fund Voucher Program)

State Form XXX (10-07)BCD 0805Adem DRAFT

Parent (Guardian) Name \_\_\_\_\_ Date Completed \_\_\_\_\_

Caregiver's Name \_\_\_\_\_ Business Name (if applicable) \_\_\_\_\_

Street Address (where care is provided) \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Social Security or EIN Number (last 4 digits only) \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Hours of Operation \_\_\_\_\_

## Type of Provider

- ☐ Licensed Home License # \_\_\_\_\_
- ☐ Licensed Center License # \_\_\_\_\_
- ☐ Registered Ministry Registration # \_\_\_\_\_
- ☐ License Exempt Home
- ☐ License Exempt Facility
- ☐ Providing care in child's home

Child's Name (first & last)	Child's Age Years / Months		Kindergarten <i>Indicate</i> HD = ½ Day FD = Full Day	Current Charge Week / Day / Hour			Charge for next age group (If child is currently 2 list charge at age 3) Week / Day / Hour			School-age (List charges for summer/evening care) Week / Day / Hour			Additional charges for special needs child (Documentation Required)

## FOR SCHOOL AGE AND KINDERGARTEN FULL-DAY CARE

School Year Begins \_\_\_\_\_ Ends \_\_\_\_\_

Are you related to the children listed above? \_\_\_\_\_ If yes, explain \_\_\_\_\_

## PROVIDER AFFIRMATION

I affirm the information provided on this application form is true and correct. Further, I affirm child care will be provided at the address listed above and agree to comply with the rules and regulations of the CCDF program. (Available on BCD website [www.in.gov/fssa](http://www.in.gov/fssa)) In signing this application, I certify I am the individual listed above or the authorized designee.

Signed, \_\_\_\_\_

Date Signed \_\_\_\_\_

PLEASE NOTE: Eligible providers must demonstrate compliance with CCDF Minimum Standards prior to participation in this program.

**Parent / Guardian:** Your caregiver must complete this information in its entirety. Please bring the completed form to your appointment to assist in prompt completion of your child care vouchers. If you wish to make a provider change, you must obtain new vouchers prior to attendance or payment for care may become your responsibility.

**Provider:** Please complete all information and sign the form in the box to the left.

**If you have any questions, please contact**



## Parent/ Applicant Worksheet (Child Care and Development Fund Voucher Program)

State Form XXX (9/05) BCD 0805Adem DRAFT

Parent Name:	AIS Case Number:	Parent Birth Date::	SSN (optional):	Home Phone, including area code:
Street Address:	City:	Zip:	County:	Other Phone, contact number:

List all adults in household: First Name, Last Name	Birth Date:	SSN (optional):	Specify Relationship to Parent:	Working Yes or No	School Yes or No	Hours working or in school per week	Days per week S, M, Tu, W, Th, F, S

List your children living in household: First Name, Last Name	Birth Date:	SSN (optional):	Check if child needs care	Indicate which parent(s) are Living in household
			<input type="checkbox"/>	<input type="checkbox"/> Mother <input type="checkbox"/> Father
			<input type="checkbox"/>	<input type="checkbox"/> Mother <input type="checkbox"/> Father
			<input type="checkbox"/>	<input type="checkbox"/> Mother <input type="checkbox"/> Father
			<input type="checkbox"/>	<input type="checkbox"/> Mother <input type="checkbox"/> Father
			<input type="checkbox"/>	<input type="checkbox"/> Mother <input type="checkbox"/> Father
			<input type="checkbox"/>	<input type="checkbox"/> Mother <input type="checkbox"/> Father

INCOME SECTION (Received in previous 30 days)			
Income Source	Monthly Amount	For Whom	Verification much be attached
Child Support			Court print-out, check stub, bank statement, other
Social Security			Award letter, check stub, or verification from agency
Supplemental Social Security			Award letter, check stub, or verification from agency
TANF			Award letter, check stub, or verification from agency
Unemployment			Award letter, check stub, or verification from agency
Wages, Salary			Pay stub, or letter from employer w/ EIN number and wage info
Housing Assistance			None
Food Stamps			None
Work Study			None
Other			Attach appropriate documentation
Other			Attach appropriate documentation

I live in \_\_\_\_\_ school district.

### Parent/Applicant Statement:

By my signature below, I hereby certify all the information submitted on this document is true and correct to the best of my knowledge. I may be requested to verify these statements and by my signature, give my consent to the agency from where I am requesting information to make any necessary contacts to verify any statement. I understand the information I have provided is private and may not be seen by the public. Further, I understand I may lose my child care if I fail to report a changes to my intake agent within 10 days, if I fail to use my Hoosier Works for Child Care card to electronically document my child(ren)'s attendance, fail to pay my child care provider the required co-payment or fail to utilize my child care for more than 60 days.

Signed, \_\_\_\_\_ Date \_\_\_\_\_

*Failure to attach ALL required documentation will result in termination of child care benefits without notice.. (Use application checklist to assist in preparation of worksheet for mailing.)*

## CCDF PARENT STATEMENT / RIGHTS AND OBLIGATIONS

I understand the choice of caregiver is not only my choice, it is my responsibility.

I understand it is my responsibility to report any suspected child abuse and neglect to the proper authority and others have the same responsibility concerning my child/children.

I understand parents, step-parents or legal guardians will not be paid as caregivers for their own children.

I understand information concerning my family regarding the CCDF voucher program, and the services I receive, will be treated as confidential and will be used solely for the administration of the CCDF voucher program.

I understand reimbursement for my child's care will be made directly to the provider, unless the care is provided in my home by a non-resident, in which case the payment will be made directly to me. It is my responsibility to reimburse the provider for services rendered as well as any co-payments. I also understand it is my responsibility to withhold and make all applicable Internal Revenue Service (IRS) payments for my child care provider and for the end of the year reporting to the IRS.

I understand it is my responsibility to furnish the Intake Agent with complete and accurate information including, but not limited to, income and family composition. I understand I will be required to submit proof of information provided.

I understand subsidized child care will not begin until all forms are completed and I have received written notice from the Bureau of Child Care or their representative.

I understand I must report to the Intake Agent when my service need ends, my TANF status changes, my family composition changes, I move to a new address or I obtain a new phone number within ten (10) calendar days of the change.

I understand my deliberate failure or misrepresentation of information used to receive services for which I was ineligible will result in a demand for repayment and may also subject me to legal action or penalties.

I understand acceptance or denial of services may not exclude me from eligibility for financial assistance or participation in other programs administered by the Family and Social Service Administration.

I understand my right to file a written complaint if:

- I believe I have been discriminated against because of race, color, age, sex, religion, disability, national origin, or ancestry; or
- My application for services was not promptly acted upon; or
- I disagree with an action taken regarding my eligibility.

I agree to discuss complaints first with my service provider and/or intake agent to resolve the problem through informal means. If the problem is not resolved, I understand the intake agent will provide procedures regarding the appeal process.

I understand I may be asked to cooperate with state and/or federal personnel in any audit or quality assurance review. I further understand my failure to cooperate may result in termination from the program.

I understand I **will** be required to electronically document my child/children's attendance information. I will only utilize my Hoosier Works for Child Care card to document attendance when it truly reflects the care provided.

I understand when signing the service documentation for my child/children's care, I will sign only after the care is provided and if it truly reflects the care provided.

I understand I may not leave my Hoosier Works for Child Care card with my child care provider. I agree to keep my Personal Identification Number (PIN) confidential. I understand failure to comply with this may result in termination of my child care benefits.

I understand my child care may be terminated for any of the following reasons:

- Requesting more than three (3) provider changes in a twelve (12) month period;
- Allowing another person to use my Hoosier Works for Child Care card to document attendance;
- Failing to electronically document my child/children's attendance; and/or
- Failing to pay my co-payment.

I understand my child care will be terminated for any of the following reasons:

- My child is not a U.S. citizen, qualified alien, and/or resident of the county and/or state;
- I fail to complete required CCDF enrollment paperwork;
- I am no longer employed, in a training or education program, or a TANF IMPACT approved activity;
- I have been convicted of welfare fraud;
- My child turns 13 or 18 for a child with documented special needs;
- I deliberately fail to report loss of service need or change in family composition;
- I falsify any required documentation;
- My locally determined subsidy period expires;
- I have been convicted of CCDF fraud;
- I fail to honor a CCDF repayment agreement; and/or
- My child/children's voucher(s) have been inactive for sixty (60) days.

I understand my child care provider may be decertified and child care reimbursement may be suspended or stopped for my child care provider's failure to comply with any of the following provisions:

- A substantiated health or safety hazard;
- Threatening behavior;
- False information on any form connected with the CCDF program;
- Being under investigation for fraud;
- A pending abuse or neglect charge against the provider, existing employee of the provider, or a member of the provider's household if care is provided in the their home;
- The death of a child while in the provider's care; and/or
- Illegally operating a home or facility.

I understand reimbursement will be stopped and my provider will be de-certified for any of the following:

- A conviction or substantiated abuse or neglect charge against the caregiver indicating harmful behavior to children;
- Substantiated fraud in the receipt of government funds;
- Loss of licensure or registration when required by Indiana law;
- Proven forgery of signatures on any forms;
- Failure to comply with CCDF Provider Eligibility Standards as of the effective date of an administrative order; and/or
- Possession or use of Hoosier Works for Child Care cards for the purpose of documenting child/children's attendance.

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Signature of Parent

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Date Signed

## HOOSIER WORKS FOR CHILD CARE CARD AUTHORIZATION PRIMARY AND SECONDARY CARD HOLDERS

Case Name \_\_\_\_\_ Case Number \_\_\_\_\_

Secondary Cardholder Name \_\_\_\_\_

Reason for Issuance (A) New Applicant ☐ Primary ☐ Secondary  
(circle all that apply) (B) Replacement ☐ Lost/stolen ☐ Not working ☐ Other \_\_\_\_\_

By signing this form, I am acknowledging I have received this HOOSIER WORKS FOR CHILD CARE CARD and understand the policies related to its use.

- I understand I may not allow anyone, including my child care provider, to possess or use my Hoosier Works for Child Care card to authorize electronic attendance transactions for child(ren).
- I understand a provider should never attempt to force me to violate this policy. If a provider does attempt to force me to violate this policy, I shall immediately report it to the Local Intake Agent for referral to the state.
- Exceptions to this policy will only be accepted with written documentation from the Bureau of Child Development.

Failure to follow the above policy could lead to **negative action** taken against me and/or my child care provider, up to and including termination from the Child Care and Development Fund (CCDF) voucher program.

- ☐ I have received the HOOSIER WORKS FOR CHILD CARE CARD.
- ☐ My card will be mailed, when my application is processed if I have valid vouchers

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICE USE ONLY

16 Digit Card Number \_\_\_\_\_  
(Or attach a photocopy of the front of the HW Card)

Issuing staff \_\_\_\_\_ Date \_\_\_\_\_

### CARD USAGE TRAINING

\_\_\_\_ Video and verbal/written

\_\_\_\_ Verbal/written only

**HOOSIER WORKS FOR CHILD CARE CARD AUTHORIZATION  
AUTHORIZED USER**

Case Name \_\_\_\_\_ Case Number \_\_\_\_\_

The Individual below is approved to receive a HOOSIER WORKS FOR CHILD CARE CARD.

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Reason for Issuance (B) Replacement ☐ Lost/stolen ☐ Not working ☐ Other \_\_\_\_\_  
(circle all that apply) (C) Authorized Representative / Relationship to Applicant \_\_\_\_\_

Type of ID seen \_\_\_\_\_  
(One picture ID or two other forms of ID, one of which must contain a signature)

By signing this form, I am acknowledging I have received this HOOSIER WORKS FOR CHILD CARE CARD and understand the policies related to its use.

- I understand I may not allow anyone, including my child care provider, to possess or use my Hoosier Works for Child Care card to authorize electronic attendance transactions for child(ren).
- I understand a provider should never attempt to force me to violate this policy. If a provider does attempt to force me to violate this policy, I shall immediately report it to the Local Intake Agent for referral to the state.
- Exceptions to this policy will only be accepted with written documentation from the Bureau of Child Development.

Failure to follow the above policy could lead to **negative action** taken against me and/or my child care provider, up to and including termination from the Child Care and Development Fund (CCDF) voucher program.

- ☐ I have received the HOOSIER WORKS FOR CHILD CARE CARD.
- ☐ My card will be mailed, when my application is processed if I have valid vouchers

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORIZATION FOR AN AUTHORIZED USER**

I, the applicant for CCDF benefits, am requesting \_\_\_\_\_ to be designated as an authorize user for my HOOSIER WORKS FOR CHILD CARE CARD. I acknowledge the user of this card is acting as my representative and as such I am responsible for attendance documented by my authorized user, even if such attendance is erroneous. Further, I understand I may revoke this agreement at any time by providing written notification to the local Intake Agent.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

16 Digit Card Number \_\_\_\_\_  
(Or a copy of the front of the HW card issued.)

Issuing Staff \_\_\_\_\_ Date \_\_\_\_\_

**CARD USAGE TRAINING**

\_\_\_\_\_ Video & verbal/written

\_\_\_\_\_ Verbal/written only

## CCDF NAME ATTESTATION

Individual's Name: \_\_\_\_\_ ☐ Applicant ☐ Other Adult ☐ Child

*This is to certify that my legal signature is as written and typed below. (This signature must exactly match the typed name on the State Form 46513/BCD 0805, Application for Child Care Services.)*

\_\_\_\_\_ (Printed Name)

I am also known as:

\_\_\_\_\_ (Printed Name)

\_\_\_\_\_ (Printed Name)

\_\_\_\_\_ (Printed Name)

and that \_\_\_\_\_ (*legal name*) and the printed names listed above are the same person.

I herby affirm, under the penalties of perjury, that I am the above named individual, that I have personally prepared the foregoing statement for myself or my minor child, and that the same is true to the best of my knowledge and belief.

Signature of Individual \_\_\_\_\_ Date \_\_\_\_\_

NOTE: This document shall be used when and individual's name does not match all sources of verification information provided to the Intake Agent.
---



# STATEMENT OF PROFIT AND LOSS

## (Self-Employment Form)

Applicant/Other Adult \_\_\_\_\_

Occupation \_\_\_\_\_ Month Reporting \_\_\_\_\_

Instructions: Use the table below to provide a statement of your profit/loss for the previous thirty (30) days. Please provide revenue (money collected for the sale of your goods or service) and list the dates received by week. You may consider any expense considered as such by the Internal Revenue Service (IRS) a legitimate expense for CCDF purposes.

	Revenue	Expense	Profit/Loss
Week 1 – Dates			
Week 2 – Dates			
Week 3 – Dates			
Week 4 – Dates			
Week 5 – Dates			
<b>TOTAL REVENUE</b>			
Expense:			
Expense:			
Expense:			
Expense:			
Expense:			
Expense:			
Expense:			
Expense:			
Expense:			
Expense:			
<b>TOTAL EXPENSES</b>			
<b>Profit/Loss (Revenue – Expenses)</b>			

I am requesting \_\_\_\_\_ hours of childcare to support my work activity.

By my signature below, I confirm the information provided is a true and accurate representation of my income. I understand I may be asked to provide documentation supporting revenue and expenses and agree to provide this information upon request.

Signed, \_\_\_\_\_ Date \_\_\_\_\_

## JOB SEARCH DOCUMENTATION

Client Name \_\_\_\_\_ Case Number \_\_\_\_\_

Last Date Worked \_\_\_\_\_

*Please read an initial each of the following statements acknowledging your understanding of the job search requirements.*

\_\_\_\_\_ I understand I am eligible for a maximum four (4) weeks of job search in a six (6) month period if I become unemployed or withdraw from an educational program. Childcare during job search is based on my previous authorized childcare amounts and may not be increased.

\_\_\_\_\_ I understand I may be required to provide proof of my job search activities, and therefore, agree to maintain documentation of these activities.

\_\_\_\_\_ I understand childcare services provided during job search are dependent on my participating in job search activities. I understand my failure to complete these activities my result in my requirement to repay any childcare paid on my behalf.

I plan on participating in the following activities to obtain employment:

- ☐ Employment workshops
- ☐ Job clubs or job fairs
- ☐ Researching job opportunities in the classified ads or other publications
- ☐ Face to face contacts with potential employers
- ☐ Completing job applications
- ☐ Following up on job applications
- ☐ Registering for work at an employment agency
- ☐ Completing pre-employment requirements

I understand my job search assistance will end on \_\_\_\_\_. I must obtain an appointment with the intake office by this date to review my employment status or my childcare will be terminated without further notice. Should I obtain employment prior to this date, I must contact the intake office and provide proof of employment within ten (10) days.

Signed, \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: THIS FORM MUST BE SUBMITTED WITH PROOF OF LAST DAY WORKED WHICH COULD INCLUDE: LETTER FROM EMPLOYER, TERMINATION NOTICE, DOCUMENTATION FROM THE UNEMPLOYMENT OFFICE, OR LAST PAY STUB.**

# DETERMINING CHILDCARE NEED

## EMPLOYMENT

Applicant/Other Adult \_\_\_\_\_

Employer \_\_\_\_\_

Shift: \_\_\_\_\_ 1 only    \_\_\_\_\_ 1 & 2    \_\_\_\_\_ 2 only

Average Work Week \_\_\_\_ Su \_\_\_\_ M \_\_\_\_ T \_\_\_\_ W \_\_\_\_ R \_\_\_\_ F \_\_\_\_ Sa

Rec'd	Gross Wages	Hours	Rec'd	Gross Wages	Hours
<b>TOTAL</b>			<b>TOTAL</b>		

\_\_\_\_\_ Total Hours Worked in the Previous 30 Days

÷ \_\_\_\_\_ Number of Weeks Worked

= \_\_\_\_\_ Childcare Needed Per Week for Work

+ \_\_\_\_\_ Travel Time (Not to exceed 2 hours per day)

= \_\_\_\_\_ Total Childcare Need

## TRAINING/EDUCATION

Applicant/Other Adult \_\_\_\_\_

Organization/Institution \_\_\_\_\_

\_\_\_\_\_ Classroom Program    \_\_\_\_\_ Distance Learning

Days Attending \_\_\_\_ Su \_\_\_\_ M \_\_\_\_ T \_\_\_\_ W \_\_\_\_ R \_\_\_\_ F \_\_\_\_ Sa

\_\_\_\_\_ Credit Hours or Participation Hours

+ \_\_\_\_\_ Study Time (Not to exceed 2 hours per credit hour)

**OR**

+ \_\_\_\_\_ Study Time (Not to exceed 2 hours per hour in class)

+ \_\_\_\_\_ Clinical/Practicum/Internship Hours

+ \_\_\_\_\_ Travel Time (Not to exceed 2 hours per day attending class or clinical/practicum/internship)

= \_\_\_\_\_ Total Childcare Need

Rec'd \_\_\_\_\_  
Comp \_\_\_\_\_

## WGFolder#

Case#	Sequence#	Applicant Name
County		Requested By (Intake Agent)
Dates affected		Provider Name

x Nature of Change: Enter x in one or more		x
<input type="checkbox"/>	1) provider change on past voucher	<input type="checkbox"/> 5) restore deleted voucher(s)
<input type="checkbox"/>	2) change subsidy begin/end dates	<input type="checkbox"/> 6) restore terminated/removed Contract Centers <b>referral</b>
<input type="checkbox"/>	3) create an additional voucher for same time period where there is payment or swipe activity	<input type="checkbox"/> 7) create new voucher where only a partial payment was made to the provider AND the wrong age group was used [check payment]
<input type="checkbox"/>	4) create a new voucher (gap in service)	<input type="checkbox"/> 8) other

**Justification of Change:** Please explain how or why the error occurred and any other important information that may be needed


<b>Subsidy</b> amount of the new voucher	\$0.00	The actual amount that will appear on the voucher.
<b>Subsidy</b> amount of the existing	\$0.00	Enter \$0 if the new voucher is not replacing an existing voucher.
<b>Number of Weeks affected:</b>	0	
<b>Financial Impact:</b>	\$0.00	Automatic calculation of Financial Impact.

### Voucher Details:

Child Name				Child Name			
Voucher Dates				Voucher Dates			
Provider Name				Provider Name			
Provider Site Address				Provider Site Address			
Provider Charges				Provider Charges			
Service Hours	hrs per day	days per week		Service Hours	hrs per day	days per wk	
Age Group				Age Group			
Shift				Shift			

### Voucher Details:

Child Name		Child Name	
Voucher Dates		Voucher Dates	
Provider Name		Provider Name	
Provider Site Address		Provider Site Address	
Provider Charges		Provider Charges	
Service Hours	hrs per day	days per week	
Age Group		Age Group	
Shift		Shift	

Indicate with an (X) if this request is for a Contract Center recipient ---->>

10

**Intake Signature:** \_\_\_\_\_

**Policy Approval Signature:** \_\_\_\_\_

# **PARENT NOTIFICATION LETTERS**

***This form letter is to be used to notify CCDF parent's their child care provider is no longer eligible for the CCDF program.***

NOTE: Prepare on agency letterhead

Date

Name  
Street Address  
City, State Zip

Dear Parent:

Re: Provider's Name  
Provider's Address

You are hereby notified that the Division of Family Resources has denied or revoked your provider's participation in the Child Care Development Fund ("CCDF") Program. Your provider will not be eligible for reimbursement for child care services after ***(insert effective date of provider's order)***.

To remain an active participant in the CCDF Program, you must select an eligible provider. If you need assistance locating alternate child care, please contact the Child Care Resource and Referral at ***(insert CCRR contact information)***. If a provider change has not been completed by ***(insert effective date of provider's order)***, your child care voucher will be terminated.

If you have any questions regarding this matter, please contact ***(insert agency contact information)***.

Sincerely,

Name of individual signing letter  
Title

Cc: Provider  
File

*This letter is to be used to notify CCDF provider's that a parent/applicant is at risk of losing their CCDF eligibility.*

NOTE: Prepare on agency letterhead.

*Date*

*Provider Name*

*Street Address*

*City, State, Zip Code*

Dear Provider:

RE:    *(Insert parent name)*  
          *(Insert children's names)*

This letter is to provide notification that the parent/applicant listed above is at risk of losing their CCDF eligibility for failure to comply with program guidelines. Please be advised the parent/applicant's childcare benefits will end ten (10) days from the date of this letter if the parent fails to document compliance. If the parent demonstrates compliance, the child(ren)'s voucher(s) will be reinstated.

If you have any questions regarding the parent's responsibilities to document compliance, they must be addressed with the parent. If you have questions about the status of the child(ren)'s vouchers, you may view the vouchers at [www.hoosierchildcare.com](http://www.hoosierchildcare.com) or contact our local intake office at *(insert agency phone number)*.

Sincerely,

*(Insert Agent Name)*

*(Insert Agency Name)*

CC:    Client File

# **TANF IMPACT REFERRAL FORMS**



**DFR / CCDF REFERRAL**

StateForm 32-02 (R / 6-07) (B CC 03/0)

Name of parent (last, first, middle)	Telephone number (       )	Case number
Address (number and street, city, state, and ZIP code)		
Please attach the following (CCDF) documents with the referral form: <input type="checkbox"/> AEDIC (Earned Income) <input type="checkbox"/> N/A for AEDIC <input type="checkbox"/> IQAE (Benefit for last thirty (30) days) <input type="checkbox"/> WPA 1 <input type="checkbox"/> AEDUI (Unearned Income) <input type="checkbox"/> N/A for AEDUI <input type="checkbox"/> IOCM (Inquiry for case members)		

**A. TANF IMPACT REFERRAL**

Check one: TANF impact activity in which the parent participated: <input type="checkbox"/> Employment <input type="checkbox"/> Education <input type="checkbox"/> Job skills training <input type="checkbox"/> Child support <input type="checkbox"/> Job search <input type="checkbox"/> Community work experience <input type="checkbox"/> Job readiness		
Begin date (month, day, year)	End date (month, day, year)	← Please use both a begin and an end date for the TANF impact activity checked. This could correspond to benefit determination date but cannot exceed six (6) months.

**B. TANF REFERRAL (NO IMPACT)**

Check one: <input type="checkbox"/> Non-impact TANF <input type="checkbox"/> Transitioning off TANF
--

**GENERAL COMMENTS**

--

**CASEWORKER INFORMATION**

Name of caseworker		Effective date of referral (month, day, year)
Telephone number (       )	Fax number (       )	E-mail address

**NOTIFICATION OF ACTION - TO BE COMPLETED BY INTAKE AGENT**

<input type="checkbox"/> The client listed on this form has been approved for Child Care Subsidy.				
Begin date (month, day, year)	End date (month, day, year)	Amount of Child Care Subsidy	Amount of co-pay	Amount of coverage
Name of provider				
Address (number and street, city, state, and ZIP code)				
The client listed on this form is being denied child care subsidy for the following reason: <input type="checkbox"/> The client never made an appointment. <input type="checkbox"/> The client selected a provider who does not meet the minimum standards. <input type="checkbox"/> The client failed to provide the required child care provider information. <input type="checkbox"/> Other: _____				
The client listed on this form is receiving ten (10) days notice of termination from the CCDF program due to the following reason(s): <input type="checkbox"/> The client no longer has a service need. <input type="checkbox"/> Other: _____ <input type="checkbox"/> The client is over poverty guidelines.      _____				
Name of Southern Intake agent		Telephone number (       )	Date (month, day, year)	

## CCDF/DFR Correspondence Notice

Parent Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ RID # \_\_\_\_\_

---

☐ The client has a change in his/her activity: \_\_\_\_\_  
\_\_\_\_\_

☐ The client is no longer eligible for child care assistance: \_\_\_\_\_  
Effective date of termination: \_\_\_\_\_

☐ Address change: \_\_\_\_\_

☐ Phone number change: \_\_\_\_\_

☐ The client has failed to show up for recertification: \_\_\_\_\_  
Effective date of termination: \_\_\_\_\_

☐ Change of income reported: \_\_\_\_\_

☐ The client has reported a change in employment: \_\_\_\_\_  
\_\_\_\_\_

☐ The client has reported a change in their education/training: \_\_\_\_\_  
\_\_\_\_\_

☐ The client has reported a change in household members:  
Added: \_\_\_\_\_ Deleted: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ The client is no longer TANF IMPACT : \_\_\_\_\_  
EffectiveDate: \_\_\_\_\_

☐ The client is no longer Tanf eligible: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Other/Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Phone number: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Date: \_\_\_\_\_

# **REPAYMENT FORMS**



INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION (FSSA)  
FINANCIAL MANAGEMENT SECTION  
P.O.BOX 7128  
INDIANAPOLIS, IN 46207-7128  
CHILD CARE DEVELOPMENT FUND (CCDF)  
REPAYMENT AGREEMENT

COUNTY: \_\_\_\_\_

CASE NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

CASE NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SERVICE DATE: \_\_\_\_\_ FED FISCAL YEAR \_\_\_\_\_ AMT: \_\_\_\_\_

SERVICE DATE: \_\_\_\_\_ FED FISCAL YEAR \_\_\_\_\_ AMT \_\_\_\_\_

Above acknowledges being in receipt of Child Care Development Fund (CCDF) services/benefits and/or overpayments from the Indiana Family and Social Services Administration. The undersigned agrees to repay said such assistance/overpayment. Total amount owed is \$ \_\_\_\_\_ and monthly payments are \$ \_\_\_\_\_.

((\$50 or 3% of total claim, whichever is greater)

CHECK OR MONEY ORDER SHOULD BE MADE PAYABLE TO:

**TREASURER, STATE OF INDIANA**

And mailed to: FSSA-FINANCIAL MANAGEMENT  
CCDF – MS -34  
P.O. BOX 7128  
INDIANAPOLIS, IN 46207-7128

*A minimum payment amount of \$50.00 or 3% of the overpayment whichever is greater per month is required each and every month. If required payment is not received each month the debt will be referred to Indiana Department of Revenue for an off set of funds. Repayment Agreement not valid unless signed agreement AND first acceptable minimum payment received in Revenue Recovery within thirty (30) days of signature.*

\$ \_\_\_\_\_ Payment in full (CHECK ONLY ONE)

\$ \_\_\_\_\_ Monthly payments beginning: \_\_\_\_\_  
(Must begin within 30 days from signing agreement)

Said payments are to continue until the entire sum is fully paid. Upon default in the payment of any installment due, the entire unpaid amount shall, at the option of the FSSA, become due and payable immediately without notice of nonpayment or demand for payment and the entire indebtedness may be collected by appropriate proceedings. If payments are not current, the debt will be turned over to Indiana Department of Revenue for a tax offset each year until debt is paid in full.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME OF PAYER

# CHILD CARE and DEVELOPMENT FUND

## NON-COMPLIANCE DOCUMENTATION FORM

DATE:

NAME:

TITLE: (parent/provider)

ADDRESS:

SOCIAL SECURITY #:

AMOUNT OF OVERPAYMENT (IF ANY):

NARRATIVE: (ATTACH ANOTHER PAGE IF NECESSARY)

CHILD CARE and DEVELOPMENT FUND STATUS SANCTION FOR THIS INCIDENT:

CHILD CARE and DEVELOPMENT FUND STATUS SANCTION FOR THE NEXT INCIDENT:

---

NAME

---

INTAKE AGENT

---

PRINTED NAME

---

DATE

***This form letter is to be used to notify CCDF when the intake agent has determined the parent/applicant is obligated to enter into a repayment agreement.***

NOTE: Prepare on agency letterhead

## **PROGRAM NONCOMPLIANCE DOCUMENTATION FORM**

*Date*

*Client's Name*

*Client's Street Address*

*City, State and Zip Code*

Amount of Overpayment \$ \_\_\_\_\_

In order to apply for childcare services under the CCDF Contract, each family agreed to comply with the program guidelines as stated on the signed application, signed Rights and Obligations Form/Parent Statement. However, you failed to report (*loss of service need, etc.*) Your childcare provider continued receiving payment from (*insert begin and end dates of service period*). You did not have an approved service need for childcare service during that time period.

In order to continue receiving childcare assistance, you must sign and return the enclosed repayment agreement within ten (10) days from the date of this letter. Failure to do so **will** result in immediate termination.

Signed,

*(Insert Intake Agent Name)*

*(Insert Intake Agency Name)*

CC: Client File  
CCDF Fraud Coordinator  
CCDF Policy Consultant

***This letter is sent to CCDF parent/applicants who have entered into a repayment agreement for overpayment of CCDF benefits. The letter is prepared and sent by FSSA upon receipt of a signed repayment agreement.***

CLIENT NAME  
STREET ADDRESS  
CITY, STATE, ZIP CODE

RE: Child Care Development Fund (CCDF)  
Overpayment

Dear *(Insert parent name)*

The purpose of this letter is to inform you that Indiana Family and Social Service Administration (FSSA), Financial Management Section has received the signed CCDF Repayment Agreement. Please be advised that failure to adhere to the agreed upon monthly repayment will result in your debt being referred to the Indiana Department of Revenue for an offset of your tax return each year until the debt is paid in full.

Enclosed please find a copy of your Repayment Agreement for your convenience. The check/money order must be made out to the Treasurer of the State of Indiana and mailed to the following address:

Family and Social Service Administration  
Revenue Recovery Unit – CCDF  
P.O. Box 7128 MS34  
Indianapolis, IN 46207-7128

**To ensure payment is credited against your CCDF debt, include either a copy of your Repayment Agreement with your check/money order, or write your Social Security number and “CCDF Repayment” on your check/money order. Failure to properly identify your payment can keep the payment from being applied to your CCDF debt.**

If you have questions concerning your payment, please contact Revenue Recovery Manager, Jan Mobley at 317-233-1459.

Sincerely,

David Nelson, Director  
Office of Finance  
Family and Social Service Administration

**SAMPLE PROVIDER  
NOTIFICATION  
LETTERS**



***This letter is a sample of the notification letter provided when the Division of Family Resources has issued a Notice of Order indicating the provider is no longer compliant with CCDF Provider Eligibility Standards. IMMEDIATE ACTION is required.***

Date

Name  
Address  
City  
State

RE: Notice of Order  
(County Name)

Dear Provider Name:

You are hereby notified that the Division of Family Resources has revoked your ability to participate as a child care provider in the Child Care Development Fund ("CCDF") Program. This order shall become effective \_\_ (18 days) \_\_\_\_.

**The denial is based on your lack of compliance with the CCDF provider eligibility standards found in Indiana Code 12-17.2-3.5 et seq. You failed to maintain compliance with the following standard(s):**

**Indiana Code (IC) XXXXX**  
State code

State finding

If you object to the order you are entitled to file a **written** request with the Division of Family Resources prior to the effective date of this order. The written request must state that you are the person to whom this order is directed; that you are negatively affected by the order; and that you are entitled to review of the order. Your request should be directed to the address below.

MS02 Supervisor's Name  
Family and Social Services Administration  
Division of Family Resources  
402 W. Washington Street, Room W-386  
Indianapolis, Indiana 46204-2739

If parent or guardians of children in your care need assistance location alternate childcare, please contact the Indiana Association of Child Care Resource and Referral at 800-299-1627.

PLEASE NOTE: This action only effects your ability to receive CCDF voucher payment and does not impact your ability to legally provide childcare. If you have questions regarding why this action has been taken please contact your local Child Care Resource and Referral.

Sincerely,

Child Care Administrator  
Division of Family Resources

*This letter is a sample of the notification letter provided when the Division of Family Resources has issued an order to rescind a prior order when a gap in eligibility exists.*

*Date*

*Name*  
*Address*  
*City, State*

RE: Notice of Order  
(County Name)

Dear Provider Name:

You are hereby notified that the Division of Family Resources is rescinding the Notice of Order issued on \_\_\_\_ (date of original letter) \_\_\_\_\_. You will be able to resume participation as a child care provider in the Child Care Development Fund ("CCDF") Program on \_\_\_\_ (enter date of this letter) \_\_\_\_.

This decision is based on information provided demonstrating that you are now in compliance with the CCDF provider eligibility standards found in Indiana Code 12-17.2-3.5 et seq. To remain an eligible provider, you must maintain compliance with the CCDF provider eligibility standards. Failure to maintain compliance shall result in your inability to participate as a CCDF provider.

PLEASE NOTE: This action only affects your ability to receive CCDF voucher payment and does not impact your ability to legally provide childcare.

Sincerely,

Child Care Administrator  
Bureau of Child Care

Cc Appropriate Supervisor  
CCDF Intake/Voucher Agent  
PES Verifying Agency  
CCDF Program Consultant  
BCC Technical Support  
File

***This letter is a sample of the notification letter provided when the Division of Family Resources has issued an order to rescind a prior order.***

*Date*

*Name*

*Address*

*City, State*

RE: Notice of Order  
(County Name)

Dear Provider Name:

You are hereby notified that the Division of Family Resources is rescinding the Notice of Order issued on \_\_\_\_ (date of original letter) \_\_\_\_\_. You will be able to continue to participate as a child care provider in the Child Care Development Fund ("CCDF") Program

This decision is based on information provided demonstrating that you are now in compliance with the CCDF provider eligibility standards found in Indiana Code 12-17.2-3.5 et seq. To remain an eligible provider, you must maintain compliance with the CCDF provider eligibility standards. Failure to maintain compliance shall result in your inability to participate as a CCDF provider.

PLEASE NOTE: This action only effects your ability to receive CCDF voucher payment and does not impact your ability to legally provide childcare.

Sincerely,

Child Care Administrator  
Bureau of Child Care

Cc Appropriate Supervisor  
CCDF Intake/Voucher Agent  
PES Verifying Agency  
CCDF Program Consultant  
BCC Technical Support  
File

**HOOSIER WORK FOR  
CHILD CARE  
INVENTORY FORMS**

## BULK HOOSIER WORKS OTC CARD INVENTORY FORM

(Dedicate a fresh sheet per order)

OFFICE NAME AND ADDRESS: \_\_\_\_\_

DATE ORDERED: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_ REQUESTED QUANTITY: \_\_\_\_\_

### SECTION 1:

Starting Card Number (16 digits)	Ending Card Number (16 digits)	Original card order quantity	Number of damaged/missing cards in order (if any)	Balance	Initials

### SECTION 2:

	Beginning Balance (enter balance from Section 1)	Quantity of bulk cards removed	Date Removed	Removed By: (Full Name)	New Balance (carry to next entry)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

## HOOSIER WORKS CHILD CARE DAILY LOG FOR CARD ISSUANCE

CARD ISSUER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

	Date	Cardholder Name (Please print)	Signature, if available	Reason * (1, 2 or 3)	Card number (16-digit)	Issued by (Initials)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Card Issuer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Inventory Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Page \_\_\_\_\_ Reconciled \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Cards not accounted for

\*Reason of over the counter (OTC)

1. New Card
2. Replacement
3. Authorized User

### DAILY HOOSIER WORKS CARD INVENTORY RECONCILIATION FORM

		First Card Number	Last Card Number	Number of Hoosier Works cards**
1	Beginning			
2	Added from Bulk			
3	Available for Distribution			
4	Distributed			
5	Ending (Actual Count**) (Return cards to bulk/daily)			

Line 1 - Should be your beginning working balance of cards for the day. *(Cards stored in safe separate from bulk)*

Line 2 - Should be any cards that you received from the bulk inventory.

Line 3 - Is the total of lines 1 and 2.

Line 4 - Is what you issued.

Line 5 - \*\*Would be your ending balance. Use card listing to determine actual number of cards included. (Cards are returned to the bulk inventory safe, but stored separately.)

Card Issuer signature

Inventory Supervisor signature

Date and Office location

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### RETURNED HOOSIER WORKS FOR CHILD CARE CARD LOG

	Date card returned	Card number	Date client contact made	Date card picked up by client (if applicable)	Card issuer initials	Date card deactivated and destroyed	Card issuer initials	Client signature (if successful contact made and client picks up card)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								

Complete an inquiry to determine client's name and check history to see if card has already been deactivated.  
 Notify appropriate intake if the client's case is not your county.



**VAULT CARD REPLENISHMENT ORDER FORM**  
**CRO PROJECT OFFICE**  
Fax: 317-234-1399

Section 1: To be completed by the requesting office and faxed to the CRO Project Office.

\_\_\_\_\_ Quarterly Replenishment Order    \_\_\_\_\_ Emergency Order\*\*

Number of cards remaining in current regional inventory: \_\_\_\_\_

Region Number and Name: \_\_\_\_\_

Main Office Street Address: \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone/Fax Numbers: \_\_\_\_\_

Originated By: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Policy Consultant\*\*: \_\_\_\_\_ Date: \_\_\_\_\_ *(Required for Emergency Orders)*

County Name: _____	Cards: _____	Tip Cards: _____
County Name: _____	Cards: _____	Tip Cards: _____
County Name: _____	Cards: _____	Tip Cards: _____
County Name: _____	Cards: _____	Tip Cards: _____
County Name: _____	Cards: _____	Tip Cards: _____
County Name: _____	Cards: _____	Tip Cards: _____
County Name: _____	Cards: _____	Tip Cards: _____
County Name: _____	Cards: _____	Tip Cards: _____
County Name: _____	Cards: _____	Tip Cards: _____

\*\*Attach additional sheets if necessary

Section 2: To be completed by the requesting office upon receipt of cards and faxed to the CRO Project Office. (Please Print)

Card Order Received On: \_\_\_\_\_

Received By: \_\_\_\_\_

Beginning Card Number from Replenishment Order: \_\_\_\_\_

Ending Card Number from Replenishment Order: \_\_\_\_\_

Problems associated with shipment? Explain: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

